1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

11434

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11457

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME(5) 8M-1/70

1. DECEASED-NAME (Type or Print) First	Middle	Last						2a. DATE KNOWN OF DEATH ESTIMATED ☐	Manth 8	Doy 4	Yeor 1971	2b. HOUR P M
COURTNEY	Campbell	Alexander						2c. DATE PRONOUNCED DEAD	Month 8	Doy 4	Year 1971	2d. HOUR P M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS HOURS	IF UNDER 24 HRS MIN.					
F	W	5-15-46	25 YRS.									
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH									
Maryland	U.S.A.		Anne Arundel County Md.									
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY									
Glen Burnie	Bd Nor. Th. Anne Arundel	School Teacher	AA. Co.									
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER								
Maryland	A.A.	Crownsville	YES ☐ NO ☐	881 OAK Dr.								
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last							
Gilbert	Emerson	Hanaur	Mildred		Morris							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS								
NO		UNKN	John R. Alexander Jr.	881 Oak Dr. Crownsville, Md.								

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple Injuries
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Instant

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
	8/4 1971	Car & car accident

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	Highway	Route 178		AA	MD

22a. **I certify** thot I took chorge of the remoins described obove, held on Autopsy ☐, Inspection ☒, Inquiry ☒, ond in my opinion death resulted from: Naturol causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE E. Linhardt M.D.

EXAMINER'S NAME (Type) E. Linhardt

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 8-4-71

AACO.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)		
Cremation	Aug. 9, 1971	Ft. Lincoln Cem.	Washington		D.C.
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE		
Barranco Funeral Home	Ritchie Hwy Severna Park, Md.	AUG 9 1971	Vernon R. Randall		

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

11455

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11458

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN ☒ OF DEATH ESTIMATED ☐ Month	Day	Year	2b. HOUR	
Gregory	S.	AVARA.	8	2	1971	P M	
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
M.	W	1-15-38	33 YRS.			8	2	1971	P M

7a. BIRTHPLACE (State or foreign country) Baltimore	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH Anne Arundel General Md.
10. CITY OR TOWN OF DEATH Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Bal-North. Arundel Hosp	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Parts Salesman	12b. KIND OF BUSINESS OR INDUSTRY Automotive
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13b. COUNTY AA	13c. CITY OR TOWN Glen Burnie	Md. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER 866 Severn Avenue

14. FATHER'S NAME First / Middle / Last	Samuel / Avara	15. MOTHER'S MAIDEN NAME First / Middle / Last	Helen / Oppel
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	no	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS: Patricia Connors Avara, same as 13

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Hours
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE E. Linhardt M.D.

EXAMINER'S NAME (Type) E. LINHARDT.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county) APCo.

22b. DATE SIGNED 8/2/71

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5 Aug. 71	23c. NAME OF CEMETERY OR CREMATORY Glen Haven Memorial Park	23d. LOCATION (City or Town) (County) (State) Glen Burnie, AA Co., Md.	
24. FUNERAL DIRECTOR ADDRESS: Kirkley Funeral Home, Glen Burnie, Md. 21061		25a. REC'D BY REGISTRAR DATE AUG 4 1971	25b. REGISTRAR'S SIGNATURE Vernon R. Randall,	

VR A15ME (5) 8M-1/70

x

1

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form ME 5. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

11456

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11459

1. DECEASED-NAME (Type or Print) First: Harold Middle: Albert Last: Banks				2a. DATE KNOWN ☒ OR ESTIMATED ☐ Month: Aug Day: 9 Year: 1971	2b. HOUR: M
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: May 10 1892	6. AGE (In years last birthday): 79 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: 8 Day: 9 Year: 1971	2d. HOUR: M
7a. BIRTHPLACE (State or foreign country): N.J.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		9. COUNTY OF DEATH: Anne Arundel Co.	Md.
10. CITY OR TOWN OF DEATH: Annapolis MD.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): VoA-Anne Arundel Gen	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): N.Y. Central R.R.	12b. KIND OF BUSINESS OR INDUSTRY: Railroad		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD	13b. COUNTY: AA	13c. CITY OR TOWN: FRANKLIN MANOR Churchton	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER	
14. FATHER'S NAME First Middle Last: DR. Charles Banks		15. MOTHER'S MAIDEN NAME First Middle Last: HAMMOND		ADDRESS: FRANKLIN MANOR Churchton Md.	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16b. SOCIAL SECURITY NO.: 577106408	17. INFORMANT: EMILY Southall Banks	ADDRESS: Churchton Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular CVA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Hours
DUE TO, OR AS A CONSEQUENCE OF
4124
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E Linhardt M.D.
EXAMINER'S NAME (Type): E. Linhardt.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county): AA Co.
22b. DATE SIGNED: 8-9-71

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Aug 12 1971	23c. NAME OF CEMETERY OR CREMATORY: Maplewood	23d. LOCATION (City or Town): Churchville	(County): (State): Md
24. FUNERAL DIRECTOR: Bernard Hardesty	ADDRESS: Edlesville Md.	25a. REC'D BY REGISTRAR DATE: AUG 16 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall	

VR A15ME (5)
JDM - 1/69

11457

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11460

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
MARGIE		BECKER	8 - 19 - 71	3:40 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
F	W	1-21-96	75 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Md.	USA		Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Glen Burnie	North Anne Arundel Convalescent Center		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	A.A.Co.	Balto	YES ☒ NO ☐	APT 29 Oaklee Village

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
James		Tully	Mary		Shreiner

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
----	-----	491-09-1472-B	Charles M. Becker	Apt. 29, Oaklee Village

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Left Ventricular Failure	3 mn
DUE TO, OR AS A CONSEQUENCE OF (b)	Apico-lateral Infarction	1 month
DUE TO, OR AS A CONSEQUENCE OF (c)	ASCVD	+50 yrs

4109
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Diabetes Mellitus

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from 26 May, 19 71, to 19 Aug, 19 71, that (I) (we) last saw the deceased alive on 19 Aug 19 71, and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Robert D. Kabo	M.D.	☐	☐	☒	19 Aug 71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Robert D. KABO M.D	503 Brightwood Rd. Millersville, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	August 23, 71'	Lorraine Mausoleum	Woodlawn, Balto. Co. Maryland

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Hubbard Funeral Home Inc.	4107 Wilkens Ave.	AUG 23 1971	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (6) 45M - 11-69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11458

CERTIFICATE OF DEATH

11461

1. DECEASED-NAME (Type or print): First: Homer; Middle: W; Last: Bissett

2a. DATE OF DEATH: Month: 8; Day: 14; Year: 71

2b. HOUR: M

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: Dec 1, 1908

6. AGE (In years last birthday): 62 YRS. IF UNDER 1 YEAR: MONTHS / DAYS. IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): W. Virginia

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: A A Co. Md.

10. CITY OR TOWN OF DEATH: Baltimore 21225

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 10 W. 13th Ave

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Shop Boy

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: A, A Co

13c. CITY OR TOWN: Balto

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER: 10 W 13th Ave 21225

14. FATHER'S NAME: First: Milton; Middle: ; Last: Bissett

15. MOTHER'S MAIDEN NAME: First: Florence; Middle: ; Last: Curtis

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service):

16b. SOCIAL SECURITY NO.: 235 12 8232

17. INFORMANT: Genevieve L Bissett Address: 10 W. 13th Ave 25

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hours
DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic Heart disease — 6 months
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this haspital) attended the deceased from 6/12, 19 61, to 8/14, 19 71, that (I) (we) last saw the deceased alive on 6/23 19 71, and that in (my) (our) opinian death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE: Bryan Burke — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 8-12-71

22d. PHYSICIAN'S NAME (Type):

22e. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8/14/71

23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill

23d. LOCATION (City or Town) (County) (State): Rithie Hyway Balto 21225

24. FUNERAL DIRECTOR: McCully Funeral Home ADDRESS: 237 Patapsco ve 25

25a. REC'D BY REGISTRAR DATE: AUG 13 1971

25b. REGISTRAR'S SIGNATURE: Vernon O. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11459 — 11462

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

VR A15 (4)
25m-1/70

1. DECEASED-NAME (Type or print)	First: Harry	Middle: C.	Last: BLOOM	
2a. DATE OF DEATH	Month: August	Day: 3	Year: 1971	2b. HOUR: 4:10 P M
3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: 7 May 1889	6. AGE (In years last birthday): 82 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Anne Arundel Md.	
10. CITY OR TOWN OF DEATH: Annapolis,	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Naval Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Military	12b. KIND OF BUSINESS OR INDUSTRY: ———	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Anne Arundel	13c. CITY OR TOWN: Elvation	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 246 Railroad Ave.
14. FATHER'S NAME First: Daniel	Middle: [illegible]n	Last: Bloom	15. MOTHER'S MAIDEN NAME First: Elizabeth	Middle: Unknown Last: Koontz
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service: Yes 1916-1945	16b. SOCIAL SECURITY NO.: 214-05-2294	17. INFORMANT: Harry D. BLOOM	Address: 246 Railroad Ave.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48 HRS
DUE TO, OR AS A CONSEQUENCE OF
(b):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 486X
DUE TO, OR AS A CONSEQUENCE OF
(c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS DR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 1 AUG 1971, to 3 AUG 1971, that (I) (~~we~~) last saw the deceased alive on 3 AUG 1971, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: D J McMahon M.D. DEGREE	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 4 August 1971	
22d. PHYSICIAN'S NAME (Type): David J. McMahon, CDR, MC, USN	22e. ADDRESS: Naval Hospital, Annapolis, Maryland		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6 Aug. 71	23c. NAME OF CEMETERY OR CREMATORY: Arlington National Cem.	23d. LOCATION (City or Town) (County) (State): Arlington, Virginia	
24. FUNERAL DIRECTOR: Kirkley Funeral Home, Glen Burnie, Md.	ADDRESS	25a. REC'D BY REGISTRAR DATE: AUG 6 1971	25b. REGISTRAR'S SIGNATURE: Vernon A. Randall	

1

11460

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11463

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Gladys	Middle: L	Last: Bowers	2a. DATE OF DEATH Month: 8 Day: 5 Year: 71	2b. HOUR: 3 44 PM
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 7-24-1889	6. AGE (In years last birthday): 82 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: ANNE ARUNDEL	Md.
10. CITY OR TOWN OF DEATH: ANNAPOLIS	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ANNE ARUNDEL GEN. HOSP.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): DENTAL ASSISTANT	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: ANNE ARUNDEL	13c. CITY OR TOWN: ARNOLD	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER: RT. #2, BOX 308
14. FATHER'S NAME First: SAMUEL T.	Middle:	Last: LANTZ	15. MOTHER'S MAIDEN NAME First: HANNAH	Middle: — Last: LAMBERT
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): NO (If yes give war or dates of service): —	16b. SOCIAL SECURITY NO.: 214-01-0668	17. INFORMANT: MRS. ELIZABETH G. DE DISSE	Address: SAME ADDRESS	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Pulmonary Edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 Hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(b): pr. Myocardial
DUE TO, OR AS A CONSEQUENCE OF:
(c): dysfunction — 4 Yrs.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Generalized Arteriosclerosis

19a. DATE OF OPERATION: —	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: —	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?: —
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 8-8-, 19 71, to 8-8, 19 71, that (I) (~~we~~) last saw the deceased alive on 8-5-71, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Frank M. Shipley M.D. DEGREE	ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 8-9-71	
22d. PHYSICIAN'S NAME (Type): F.M. SHIPLEY	22e. ADDRESS: Annapolis, Md.		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 8-11-71	23c. NAME OF CEMETERY OR CREMATORY: PIPE CREEK CEMETERY	23d. LOCATION (City or Town): NEW WINDSOR	(County): RD. (State): MD
24. FUNERAL DIRECTOR: J. E. Myers Jr.	ADDRESS: Westminster, Md.	25a. REC'D BY REGISTRAR DATE: AUG 13 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall	

VR A15 (4)
45M - 1/69

1

11461

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11464

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Baby Girl	Middle	Last: BRUNO	2a. DATE OF DEATH Month: Aug Day: 9 Year: 197(	2b. HOUR: 8:40 P M
3. SEX: Female	4. RACE: Caucasian	5. DATE OF BIRTH: August 6, 1971	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS: DAYS: 3 / IF UNDER 24 HRS. HOURS: MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel	Md.
10. CITY OR TOWN OF DEATH: Ft. George G. Meade	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Kimbrough Army Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): MINOR	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Prince George	13c. CITY OR TOWN: Laurel	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 9588 Murdock Rd.
14. FATHER'S NAME First: Francis	Middle: C.	Last: BRUNO	15. MOTHER'S MAIDEN NAME First: YOLANDA	Middle: FUSCO Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: None	17. INFORMANT: FRANCIS C. BRUNO	Address: 9588 MURDOCK RD LAUREL MD

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hyaline Membrane disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
DUE TO, OR AS A CONSEQUENCE OF (b): Prematurity — 3 days
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 7761

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that ~~I~~ (this hospital) attended the deceased from Aug. 6, 1971, to Aug 9, 1971, that (I) (we) last saw the deceased alive on August 9 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE (DEGREE)	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☒	22c. DATE SIGNED
Alfred Q. Scheuer M.D.				9 August 1971

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Alfred Q. Scheuer M.D.	U.S. Kimbrough Army Hospital

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
	10 Aug 71	U.S. KIMBROUGH ARMY HOSP	FT GEO G MEADE	AA	MD

24. BURIAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
	U.S. KIMBROUGH ARMY HOSPITAL FT GEO G MEADE, MD	AUG 12 1971	Vernon R. Randall

VR A15 (4) 25m-1/70

0405

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11462

CERTIFICATE OF DEATH

11465

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Alma	Middle: R.	Last: Bullock	2a. DATE OF DEATH: Month 8 Day 21 Year 71	2b. HOUR: 5:56 M.	
3. SEX: female	4. RACE: white	5. DATE OF BIRTH: 1/20/95	6. AGE (In years last birthday): 76 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: anne Arundel Md.			
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): North A Hos.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): ~~xxxxxxxxx~~ H-Wife	12b. KIND OF BUSINESS OR INDUSTRY: Own Home			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: maryland	13b. COUNTY: Anne Arundel	13c. CITY OR TOWN: ar Pasadena	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: Box 281 rt 9		
14. FATHER'S NAME First: Unknown	Middle	Last	15. MOTHER'S MAIDEN NAME First: Unknown	Middle	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no	(If yes give war or dates of service): --------	16b. SOCIAL SECURITY NO.: 218-12-3110	17. INFORMANT: Norman V. Englehart	Address: Pasadena, Md.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerosis generalized — 2 years

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4319

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): none

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Yeor 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from July 2, 1968, to Aug. 21, 1971, that (I) (~~we~~) last saw the deceased alive on May 5 1971 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
R. M. McLaughlin		☒	☐	☐	8/21/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
dr Mcloughlin	3708 Mountain Rd. Pasadena, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/24/71	Glen Haven Memorial Pk.	Glen Burnie, Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
R.P. Ware	Singleton Funeral Home/Glen Burnie, Md.	AUG 23 1971	Vernon O. Randall

VR A15 (4) 25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

11463

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11466

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in Item 18. Cross out Items 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form (MX-3 Page) may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (R)
8M-1/70

1. DECEASED-NAME (Type or Print) First	William	Middle H.	Last Bank-Jr.	2a. DATE KNOWN OF DEATH ESTIMATED ☐ Month 8 Day ✓ Year 1971	2b. HOUR 0 M
3. SEX M.	4. RACE W	5. DATE OF BIRTH 6-11-44	6. AGE (In years last birthday) 27 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month 8 Day ✓ Year 1971	2d. HOUR 0 M
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH Anne Arundel Co.		Md.
10. CITY OR TOWN OF DEATH Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) BA-Nacth. Arundel.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Farmer-Mon	12b. KIND OF BUSINESS OR INDUSTRY Bus E. Co.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE md.	13b. COUNTY A.A.Co.	13c. CITY OR TOWN Millersville	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER 319 West Pasadena Road	
14. FATHER'S NAME First William	Middle H.	Last Bank-Sr.	15. MOTHER'S MAIDEN NAME First Amelia	Middle	Last Kinder
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes give war or dates of service) Army 62-68	16b. SOCIAL SECURITY NO. 212-42-5378	17. INFORMANT ADDRESS Betty Lou Bank - wife		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Burns Caused - 3rd Degree — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

9239

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 8-2 1971	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Burns from flame Exploded Gas Pot
21d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Kitchen	21f. LOCATION Street or R.F.D. No. Pennsylvania Farm Lane — City or Town Pasadena — County — State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinian death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE E. Lunhardt M.D.
EXAMINER'S NAME (Type) E. Lunhardt.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ADDRESS (Street, city, town, or county) AHCo
22b. DATE SIGNED 8/2/71

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	5 Aug. 1971	Glen Haven Memorial Pk.	Glen Burnie, md.

24. FUNERAL DIRECTOR R.P. Wade	ADDRESS	25a. REC'D BY REGISTRAR DATE AUG 6 1971	25b. REGISTRAR'S SIGNATURE
Singleton Funeral Home	Glen Burnie, Md.		Vernon R. Randall

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

11464

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11467

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DH 68. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health after burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 MET
8M-1/70

1. DECEASED-NAME (Type or Print)	First: Raymond	Middle: H	Last: Burns	2a. DATE OF DEATH: KNOWN ☒ ESTIMATED ☐ Month: 5 Day: 7 Year: 1971			2b. HOUR: P M	
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 12-20-45	6. AGE (In years last birthday): 25 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.			2c. DATE PRONOUNCED DEAD Month: 5 Day: 7 Year: 1971	2d. HOUR: P M	
7a. BIRTHPLACE (State or foreign country): W. Va.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel Co. Md.					
10. CITY OR TOWN OF DEATH: Annapolis	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balt-Anne Arundel Gen.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): TRUCK DRIVER	12b. KIND OF BUSINESS OR INDUSTRY: LUMBER CO.					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: ST. MARYS	13c. CITY OR TOWN: HOLLYWOOD	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: BOX 266, 1-A (St. Johns Rd.)				
14. FATHER'S NAME First: RAYMOND	Middle: W.	Last: BURNS	15. MOTHER'S MAIDEN NAME First: EVELYN	Middle: MAE	Last: VANCE			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service): ///////////	16b. SOCIAL SECURITY NO.: 214 42 4443	17. INFORMANT: Mrs. Ida May Burns (Wife)	ADDRESS: Same As #13					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple Injuries — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

8150

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 5-7 1971	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.): Auto struck fixed Object
21d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Highway	21f. LOCATION Street ar R.F.D. No.: Route 450 City or Town: Arco County: — State: MD

22a. I certify that I took charge of the remains described above, held an Autapsy ☐, Inspection ☒, Inquiry ☒, and in my opinian death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E Linhardt M.D.
EXAMINER'S NAME (Type): E. LINHARDT.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, ar county): Arco.
22b. DATE SIGNED: 5-7-71

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Aug. 11, 1971	Hill Crest Mem. Cem.	Annapolis, Maryland

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
R Singleton	Singleton Funeral Home, Glen Burnie, Maryland	AUG 11 1971	Vernon B. Randall

X

11465

Item#4,11,FilmG439 8/20/71 kam

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11468

1. DECEASED-NAME (Type or print): First Stella Middle Last Bultee
2a. DATE OF DEATH: Month 8 Day 12 Year 71
2b. HOUR: M
3. SEX: Female
4. RACE: Black
5. DATE OF BIRTH: May 26 1890
6. AGE (In years last birthday): 81 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): GA
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: A A County Md.
10. CITY OR TOWN OF DEATH: A A County
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Anne Arundel Gen.Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
12b. KIND OF BUSINESS OR INDUSTRY: None
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md
13b. COUNTY: A A Co
13c. CITY OR TOWN
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 100 Cherry Lane & Bunnie
14. FATHER'S NAME First James Middle H Last Phipps
15. MOTHER'S MAIDEN NAME First Frances Middle Bailey Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO. 217-03-3414
17. INFORMANT Elyza Johnson Address 2824 Baker St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro Vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 days
4122
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive Cerebro Vascular Disease — ?
DUE TO, OR AS A CONSEQUENCE OF (c)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 8-6-71, 19___, to 8-12-71, 19___, that (I) (we) last saw the deceased alive on 8-11-71 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 8-12-71
22d. PHYSICIAN'S NAME (Type): A T ALLEN
22e. ADDRESS: 62 Coliseum St

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 8-16-71
23c. NAME OF CEMETERY OR CREMATORY: Cave Cem
23d. LOCATION (City or Town) Laurel (County) Md (State)
24. FUNERAL DIRECTOR: C D Wilson 1000 ADDRESS
25a. REC'D BY REGISTRAR DATE AUG 13 1971
25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

1

11466

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11469

1. DECEASED-NAME (Type or print) First Middle Lost: Agnes Emmerich Chaney	2a. DATE OF DEATH Month 4 Day 19 Year 71	2b. HOUR 7 15 A M	
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 7/10/1908	6. AGE (In years last birthday) 63 YRS. IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country): A.A.Co	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Annapolis	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Anne Arundel Gen	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: A.A.	13c. CITY OR TOWN: Harwood	13d. INSIDE CITY LIMITS? YES ☐ NO ☒ 13e. STREET AND NUMBER
14. FATHER'S NAME First Middle Lost: George W. Emmerich	15. MOTHER'S MAIDEN NAME First Middle Lost: Sophia Norman Shepherd.		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address: George Chaney, Harwood Md	

53 02 1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Malignant Brain Tumor (Glioma) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Several months

191X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): —

MEDICAL CERTIFICATION

2

19a. DATE OF OPERATION: June 71	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Suspected Brain Tumor	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) —	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) —	21f. LOCATION Street or R.F.D. No. — City or Town County State	

22a. I certify that (I) (~~this hospital~~) attended the deceased from 1966, to 8/4, 1971, that (I) (~~we~~) last saw the deceased alive on 8/4/71 19__, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (~~I~~) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: C. H. Wirth MD	DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 8/10/71	
22d. PHYSICIAN'S NAME (Type): Charles H. Wirth MD	22e. ADDRESS: Lothian Md 20820		

1

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Aug 7 1971	23c. NAME OF CEMETERY OR CREMATORY: Christ Church	23d. LOCATION (City or Town) (County) (State): Owensville AA Md.
24. FUNERAL DIRECTOR: Bernard Hardesty	ADDRESS: Edlesville Md.	25a. REC'D BY REGISTRAR DATE: AUG 16 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11467 — 11470

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month 08 Day 16 Year 71
DALTON	M.	CHANEY	2b. HOUR 9:00 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN
MALE	CAUCASIAN	03/27/11	60 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
MARYLAND	USA		Anne Arundel, Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
GLEN BURNIE	NORTH ARUNDEL HOSPITAL	Post Eng.	U. S. GOVT.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MARYLAND	ANNEARUNDEL	ODENTON	YES ☒ NO ☐	#563 RITA DRIVE

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
George		Chaney	Virginia		(unknown)

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	None	213/18/0853	Mrs. Dorothy Mercer	1408 Pine Road Severn, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) SEVERE PULMO EDEMA & CONGESTION

DUE TO, OR AS A CONSEQUENCE OF

(b) COR VOVINUM (800 GRAMS).

DUE TO, OR AS A CONSEQUENCE OF

(c) SEVERE ARTERIOLONEPHROSCLEROSIS (MALIGNANT ?).

Conditions, if any, which gove rise to immediote couse (a), stating the underlying couse last. 403X

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

FOCAL PULMO INFARCTS LUL; SPLENIC INFARCT; FOCAL ACUTE PANCREATITIS; HPN.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medical examiner)	UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Yeor 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☒ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from Jan, 19 71, to 8/16/71, 19___, that (I) (we) last saw the deceased alive on 8/16/71, 19___, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
J. B. Ramig MD	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	8/17/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
J. B. RAMIG MD	320 Hospital Drive Glen Burnie, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/19/71	Glen Haven Mem'l Park	Glen Burnie, Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
T. P. Ware	Singleton Funeral Home, Glen Burnie, Md.	AUG 19 1971	Vernon G. Randall

VR A18 (M)
25m-1-70

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11468

CERTIFICATE OF DEATH

11471

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH
a. COUNTY: A A Co
MARYLAND
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town): Annapolis
c. LENGTH OF STAY IN 1b: 1 day
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address): AA General Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
e. STATE: Md
b. COUNTY: AA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lothian
d. STREET ADDRESS:
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Katherine Middle: Hereford Last: Clagett

4. DATE OF DEATH: Month: August Day: 26 Year: 1971

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 6/10/95

9. AGE (In years last birthday): 76 yrs.
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (County & State, or foreign country): Upper Marlboro, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Hereford

14. MOTHER'S MAIDEN NAME: Kate Mitchell More

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown): NO
(If yes give war or dates of service):

16. SOCIAL SECURITY NO.: 213-34-5766A

17. INFORMANT: Lee Hollis
Address: League City Texas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH:

583X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO (b): hypertensive arteriosclerotic V. disease — 6 days

DUE TO (c): syphilis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from Aug 21, 1971, to Aug 26, 1971, that (I) (we) last saw the deceased alive on Aug 26 1971, and that death occurred at ____M, from the causes and on the date stated above.

22a. SIGNATURE: Emily H. Wilson
M.O. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED:

22c. PHYSICIAN'S NAME (Type):

22d. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 8-28-71

23c. NAME OF CEMETERY OR CREMATORY: Trinity Episcopal

23d. LOCATION (City, town or county) (State): Upper Marlboro, P.G. Md

24. FUNERAL DIRECTOR: Hardesty Funeral Home
ADDRESS: Oakville Md

25a. REC'D BY REGISTRAR DATE: AUG 31 1971

25b. REGISTRAR'S SIGNATURE: Thomas B. Randall

VR A15 (4)
20M 1/65

1

11469

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11472

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or print): First William Middle W. Last Coates
2a. DATE OF DEATH: Month 8 Day 25 Year 71
2b. HOUR: M
3. SEX: Male
4. RACE: Col. American
5. DATE OF BIRTH: 12/2/1901
6. AGE (In years last birthday): 69 YRS. IF UNDER 1 YEAR: MONTHS, DAYS. IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Annapolis
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): U.S. General
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: A.A.
13c. CITY OR TOWN: Annapolis
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: 316 Chesapeake Ave.
14. FATHER'S NAME First Thomas Middle Lost Coates
15. MOTHER'S MAIDEN NAME First Harriett Middle Whitney Lost
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 216-18-5537A
17. INFORMANT: Carol McFarland Address: Annapolis Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF (b): A.S.C.V.D.
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days
Dan Handy

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from July, 19 71, to Aug 25, 19 71, that (I) (~~we~~) last saw the deceased alive on Aug 25 19 71, and that in (my) (~~our~~) opinion death occurred on the dote and hour ond from the causes stated abave, (I) (~~we~~) (~~did~~) (did not) view the bady after deoth.

22b. SIGNATURE: Rodney L Brimhall MD DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 8/27/71
22d. PHYSICIAN'S NAME (Type): Rodney L. Brimhall
22e. ADDRESS: 1407 Forest Dr. Annapolis.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/28/71
23c. NAME OF CEMETERY OR CREMATORY: Pine Lawn Mem. Pk.
23d. LOCATION (City or Town) (County) (State): Annapolis A.A. Md.
24. FUNERAL DIRECTOR: William Reese, II
ADDRESS: Anna. Md.
25a. REC'D BY REGISTRAR DATE: AUG 27 1971
25b. REGISTRAR'S SIGNATURE: Vernon G. Randall

VR A15 (4)
45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

11470

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11473

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in place of Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-5. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

1. DECEASED-NAME (Type or Print)	First: Kenneth.	Middle:	Last: Cole Sr.	2a. DATE OF DEATH: KNOWN ☒ ESTIMATED ☐	Month: 8	Day: 4	Year: 1971	2b. HOUR: A M			
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 12-13-31	6. AGE (In years last birthday): 39 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month 8 Day 4 Year 1971	2d. HOUR: A M				
7a. BIRTHPLACE (State or foreign country): North Carolina	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel County Md.								
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Balt.-Wash. Blvd. Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Chauffeur	12b. KIND OF BUSINESS OR INDUSTRY: Trucking								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: N. C.	13b. COUNTY: Gaston	13c. CITY OR TOWN: Gastonia	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 2404 Davis Park Road							
14. FATHER'S NAME: First Bertyes	Middle C.	Last Cole	15. MOTHER'S MAIDEN NAME: First Ethel	Middle	Last Harmon						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service): Korea	16b. SOCIAL SECURITY NO.: 238-38-5758	17. INFORMANT: Mrs. Pauline Cole, same as 13 - Wife	ADDRESS							

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Instant

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

(b):

DUE TO, OR AS A CONSEQUENCE OF

(c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. Linbarger M.D.

EXAMINER'S NAME (Type): E. Linbarger.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county): AACo.

22b. DATE SIGNED: 5-4-71

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	6 August 71	Westview Gardens	Gaston County, North Carolina

24. FUNERAL DIRECTOR	ADDRESS	25a. RECD. BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Kirkley Funeral Home	Glen Burnie, Md.	AUG 6 1971	Vernon G. Randall

11470

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11471 — 11474

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH
a. COUNTY: A A Co — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ANNAPOLIS
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): A A General

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE: Md — b. COUNTY: AA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): West River Md
d. STREET ADDRESS: Box 154
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First DONALD — Middle RALPH — Last CRISWELL
4. DATE OF DEATH: Month Aug — Day 18 — Year 19 71
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 11, 1916
9. AGE (In years last birthday): 55 yrs.
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: US Gov
11. BIRTHPLACE (County & State, or foreign country): Altoona PA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ralph Criswell
14. MOTHER'S MAIDEN NAME: Ethel Berkheimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown): Yes
(If yes give war or dates of service): 1942-45
16. SOCIAL SECURITY NO.: 170-18-9890
17. INFORMANT: Harriett Criswell — Address: West River Md

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH:
492X
Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.
DUE TO (b): Chronic Emphysema — 10 yrs.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year — Hour a.m. p.m. — 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that (I) (~~this hospital~~) attended the deceased from 10-12, 1970, to 8-18, 1971, that (I) (we) last saw the deceased alive on 8-9, 1971, and that death occurred at M, from the causes and on the date stated above.

22a. SIGNATURE: Rodney L. Brimhall M.D. — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22b. DATE SIGNED: 8-20-71
22c. PHYSICIAN'S NAME (Type): Dr. Rodney L. Brimhall, M.D.
22d. ADDRESS: 1407 Forest Drive, Annap., Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: 8 20 71
23c. NAME OF CEMETERY OR CREMATORY: PARKLAWN
23d. LOCATION (City, town or county) (State): Rockville Mont. Md

24. FUNERAL DIRECTOR: Hardesty Funeral Home — ADDRESS: Galesville Md
25a. REC'D BY REGISTRAR DATE: AUG 23 1971
25b. REGISTRAR'S SIGNATURE: Vernon G. Randall

VR A15 (4)
20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

11472

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11475

1. DECEASED-NAME (Type or Print) First: WARREN Middle: E Last: DALTON	2a. DATE KNOWN OF DEATH ESTIMATED ☐ Month: 8 Day: 15 Year: 1971	2b. HOUR: PM
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 11-13-24.	6. AGE (In years last birthday): 46 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month: 8 Day: 15 Year: 1971	2d. HOUR: A M
7a. BIRTHPLACE (State or foreign country): New York	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel County .Md.
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): BA-North Arundel	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Clerk	12b. KIND OF BUSINESS OR INDUSTRY: Balto. Air Coil
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Anne Arundel	13c. CITY OR TOWN: Laurel	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 234 Spring Gap So.
14. FATHER'S NAME First: Edward Middle: Lost: Dalton	15. MOTHER'S MAIDEN NAME First: Daisy Middle: Lost: Ryerson	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): WWII	16b. SOCIAL SECURITY NO.: 577-20-8712	17. INFORMANT: Mrs. Marion F. Dalton ADDRESS: same as #13	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF (b): Pulmonary Thrombosis Myocardial Infarct
DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerotic Disease
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 956X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M: 8-15 1971	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Self-inflicted gunshot wound of head
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home	21f. LOCATION Street or R.F.D. No. / City or Town / County: AACo / State: Md

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. Lambert M.D.
EXAMINER'S NAME (Type): E. Lambert
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county): AACo.
22b. DATE SIGNED: 8-15-71

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8/18/71	23c. NAME OF CEMETERY OR CREMATORY: Maryland National Mem. Park	23d. LOCATION (City or Town): Laurel	(County): P.G.	(State): Md.
24. FUNERAL DIRECTOR: Laurel Funeral Home Inc. of Howard M. Fleck	ADDRESS: 550 Washington Blvd. Laurel, Maryland 20810	25a. REC'D BY REGISTRAR DATE: AUG 18 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Rudd

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

11473

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11476

1. DECEASED-NAME (Type or Print) First: FRANK Middle: Lost: DI VINCENZO		2a. DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month 8 Day 29 Year 1971	2b. HOUR P M
3. SEX: M	4. RACE: W.	5. DATE OF BIRTH: 5-4-09.	6. AGE (In years last birthday) 62 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
2c. DATE PRONOUNCED DEAD Month 8 Day 29 Year 1971			2d. HOUR P M
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Anne Arundel. Co. Md.
10. CITY OR TOWN OF DEATH: Annapolis.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Arundel Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Barber	12b. KIND OF BUSINESS OR INDUSTRY: Charing Cross Bar Shop
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY:	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: 4918 Westhills Rd.			
14. FATHER'S NAME First: Cosimo Middle: Last:		15. MOTHER'S MAIDEN NAME First: Francesca Middle: Citrano Last:	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216-05-6363	17. INFORMANT: Mrs. Mary Zanti ADDRESS: 4918 Westhills Rd.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [ ] NO [X]
21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that I took charge of the remains described above, held on Autopsy [ ], Inspection [✓], Inquiry [✓], and in my opinion death resulted from: Natural causes [✓], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: E. Linhardt M.D.

EXAMINER'S NAME (Type): E. Linhardt.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 8-29-71 AACO.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 9/1/71	23c. NAME OF CEMETERY OR CREMATORY: New Cathedral	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland
24. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Avenue 21228	ADDRESS	25a. REC'D BY REGISTRAR DATE AUG 31 1971	25b. REGISTRAR'S SIGNATURE: Vernon R Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11474 Ulysses — 11477

1. DECEASED-NAME (Type or print): First: Ulysses; Middle: Grant; Last: Donaldson JR.
2a. DATE OF DEATH: Month: 8; Day: 1; Year: 71
2b. HOUR: 7:45 AM
3. SEX: M
4. RACE: W
5. DATE OF BIRTH: MAY 14, 1897
6. AGE (In years last birthday): 74 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Md
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: AA Co Md.
10. CITY OR TOWN OF DEATH: ANNAPOLIS
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): BAY MANOR
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): CONSTRUCTION
12b. KIND OF BUSINESS OR INDUSTRY: CARPENTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md
13b. COUNTY: AA
13c. CITY OR TOWN: ANNAPOLIS
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 28 Bloomsbury Sq.
14. FATHER'S NAME: First: ULYSSES; Middle: GRANT; Last: DONALDSON SR.
15. MOTHER'S MAIDEN NAME: First: EMMA; Middle: Isabella; Last: Sinskey
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes give war or dates of service): WW I
16b. SOCIAL SECURITY NO.: 212-14-0489
17. INFORMANT: MARY E. DONALDSON
Address: ANNAPOLIS MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109
DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic vascular disease
DUE TO, OR AS A CONSEQUENCE OF (c): Senility, Mental Confusion
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from July 31, 19 71, to Aug 1, 19 71, that (I) (we) last saw the deceased alive on July 31 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Emily H. Gibson M.D. DEGREE
ATTENDING PHYS. ☐ MED. DIRECTOR ☒ STAFF PHYS. ☐
22c. DATE SIGNED: 8-1-71
22d. PHYSICIAN'S NAME (Type)
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-4-71
23c. NAME OF CEMETERY OR CREMATORY: Patuxent Methodist
23d. LOCATION (City or Town): Patuxent (County): AA (State): Md
24. FUNERAL DIRECTOR: Hardesty Funeral Home, ADDRESS: Annapolis, Md
25a. REC'D BY REGISTRAR DATE: AUG 4 1971
25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the informant, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

11475

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11478

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Howard	Amos	Driskell	August 4 1971	11:00 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
Male	Caucasian	18 AUGUST 1906	65 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Ga.	U. S.		Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Annapolis	Naval Hospital	U. S. Navy	Military

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Anne Arundel	Annapolis	YES ☒ NO ☐	1010 Monroe Street

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
CHARLES EMMIT DRISKELL	ROSSIE MABEL Hudson

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT
Yes	216 44 9698	1010 Monroe St. Florence L. Driskell, Annapolis, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolus
DUE TO, OR AS A CONSEQUENCE OF (b) SEVERE CORONARY ARTHOSCLEROSIS
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (c)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☒ NO ☐	YES

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this hospital) attended the deceased from 27 July, 19 71, to 4 August, 19 71, that (I) ~~(xx)~~ last saw the deceased alive on 4 August 19 71, and that in (my) ~~(xx)~~ opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
R. J. McMahon	M. D.	☒	☐	☐	5 August 1971

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
D. J. MC MAHON, CDR, MC, USN	Naval Hospital, Annapolis, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	AUG. 9-71	St. Annes Ceme.	Annapolis An. Md

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John M. Taylor & Son	Annapolis Md.	AUG 11 1971	Vernon B. Bowden

VR A15 (4)
45M - 1/69

7 1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11476

CERTIFICATE OF DEATH

11479

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2o. DATE OF DEATH Month Day Year	2b. HOUR
ARTHUR	WARD	DURHAM	Aug. 18, 1971	M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	Caucacian	Oct. 4, 1928	42 YRS.		

7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH
Maryland	U.S.		Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Brooklyn Park	8 West 8th Ave.	Steel Worker	Beth.Steel

13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	A.A.	Brooklyn	YES ☐ NO ☒	8 W. 8th Ave.

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
Arthur	Durham,Jr.		Edith V. Ward		

16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
Yes 3/1/51 to 1/3/57	220 24 6296	Arthur Durham, Jr.	8 W. 8th Ave.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac arrest by history

4242

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) I never saw the Pt or examine him while he was alive.

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. I **certify** thot (I) (this hospital) attended the deceosed from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinian death occurred on the date ond haur and from the causes stated above, (I) (we) (did) (did not) view the body after deoth.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Nick P. Moutsos		xx	☐	☐	8/19/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Nick P. Moutsos, M.D.	95 Aquahart Bldg., Glen Burnie

23o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
Burial	8/21/1971	Meadowridge Mem. Pk.	Dorsey, Maryland

24. FUNERAL DIRECTOR ADDRESS	25o. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
George J. Gonce, 4001 Ritchie Hgwy.	AUG 25 1971	Vernon R. Randall

VR A15(14)
45M - 1-68

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

11477

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11480

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: WILLIARD	Middle: EARL	Last: EARLEY	2a. DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month: 8-13- Year: 1971	2b. HOUR: 9:56 P.M.		
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: June 29, 1909	6. AGE (In years last birthday): 62 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month: August Day: 13, Year: 1971	2d. HOUR: 9:56 P.M.		
7a. BIRTHPLACE (State or foreign country): Tennessee	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Anne Arundel Md.				
10. CITY OR TOWN OF DEATH: Annapolis	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Anne Arundel General Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farmer	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Anne Arundel	13c. CITY OR TOWN: Annapolis	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: Box 83 Rte. 2, White Hall Road			
14. FATHER'S NAME First / Middle / Last: James Earley		15. MOTHER'S MAIDEN NAME First / Middle / Last: Mandy Stubblefield					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 703-09-9499	17. INFORMANT ADDRESS: Mrs. Mossie C. Earley, Same as #13					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4124
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Yeor HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinian death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 8/14/ 71

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	August 18, 1971	Harrison Cemetery	Rogersville Tennessee

24. FUNERAL DIRECTOR: T.A. HARDESTY SUCCESSOR TO HOPPING FUNERAL HOME, ANNAPOLIS, MARYLAND — ADDRESS: Harold Wade

25a. RECD BY REGISTRAR DATE: AUG 20 1971

25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

VR A15ME (5)
8M-1/70

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11478

CERTIFICATE OF DEATH

11481

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: SAMUEL Middle: WILSON Last: EARNSHAW
2a. DATE OF DEATH: Month AUG Day 17 Year 71
2b. HOUR: 1130 A M
3. SEX: M
4. RACE: W
5. DATE OF BIRTH: NOV 13 1899
6. AGE (In years last birthday): 71 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): WASH. D.C.
7b. CITIZEN OF WHAT COUNTRY?: U.S.
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: ANNE ARUNDEL Md.
10. CITY OR TOWN OF DEATH: EDGEWATER
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): R.F.D 2 Box 74
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): BANKER RET
12b. KIND OF BUSINESS OR INDUSTRY: BANKING
13a. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE: MD
13b. COUNTY: A.A.
13c. CITY OR TOWN: EDGEWATER
13d. INSIDE CITY LIMITS? YES ☐ NO ☑
13e. STREET AND NUMBER: R.F.D 2 Box 74
14. FATHER'S NAME First: BURCH Middle: EARNSHAW Last:
15. MOTHER'S MAIDEN NAME First: JULIA Middle: WILSON Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or Unknown): YES
(If yes, give war or dates of service): WW I
16b. SOCIAL SECURITY NO.: 577078796A
17. INFORMANT: Address: A. JOSEPHINE C. EARNSHAW #13

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Sarcoidosis of the liver. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: months.
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
135X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
CVA c (L) hemiparesis.

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☑
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Part I or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. **I certify** thot (I) ~~(this hospital)~~ attended the deceased from Nov, 19 70, to 17 aug, 19 71, thot (I) ~~(we)~~ last saw the deceased alive on 14 aug 19 71, and that in (my) (aur) opinion death occurred at the date and haur and from the causes stated abave, (I) ~~(we)~~ (did) ~~(did not)~~ view the bady after death.

22b. SIGNATURE: William H. Choatt, MD. DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 17 aug 71.
22d. PHYSICIAN'S NAME (Type): WILLIAM H. CHOATT
22e. ADDRESS: COLONIAL BANK BLDG ANNAP MD.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUG 19 1971
23c. NAME OF CEMETERY OR CREMATORY: HILLCREST CEM.
23d. LOCATION (City or Town) (County) (State): ANNAPOLIS MD.
24. FUNERAL DIRECTOR: JOHN M. TAYLOR, SON
ADDRESS: ANNAPOLIS MD
25a. REC'D BY REGISTRAR DATE: AUG 20 1971
25b. REGISTRAR'S SIGNATURE: Vernon A. Randall

VR A15(M)
25m-1170

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11479

CERTIFICATE OF DEATH

11482

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Johnny	L.	Farmer	8	5	71	9:15 A.M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN
Male	Negro	7-20-16	55 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Md.	U. S. A.		Anne Arundel Co. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Glen Burnie Md.	Plaza Manor Nursing Home	Not Stated	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md	A.A	Lothian	YES ☒ NO ☐	

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Lawrence		Farmer	Cora		Dinkin

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
Unknown	237-20-8356	Herbert Farmer - Brother

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Coronary Insufficiency	Unknown
#109	DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Interaction	Several days
	DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Brain Syndrome	unknown

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 7-21, 1970, to 8-3, 1971, that (I) (we) last saw the deceased alive on 8-3 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Richard H. Hunt	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	8-5-71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Richard H. Hunt	102 Cherry Lane Glen Burnie, Md 21061

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
	8-8-71	Church Cemetary	Parbar, MC,

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Rhines Co. 2015-12th NE (Wash) DC.	AUG 17 1971	Vernon O. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11480

CERTIFICATE OF DEATH

11483

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
EDWARD	L.	FERNS	08 18 71	11:50 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
MALE	WHITE	02-16-99	72 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
MARYLAND	USA	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	A.A.CO. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
GLEN BURNIE	NORTH ARUNDEL HOSPITAL	MACHINIST	Retired

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MARYLAND	A.A.CO.	PASADENA	YES [X] NO [ ]	114 CATALPHA AVE.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John		Ferns	Katherine		Prendergast

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
no	215-03-0312	Mrs. Lillian Ferns, same as 13 - wife

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CHF

DUE TO, OR AS A CONSEQUENCE OF (b) HTN D

DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerosis

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4123

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Pleural Effusion & Malnutrition

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [X]	

21a. ACCIDENT / UNDERLYING / OR CONTRIBUTING / CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 8/11/71, 19____, to 8/18/71, 19____, that (I) (we) last saw the deceased alive on 8/18/71 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Jorge B Ramirez	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	8/19/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
JORGE B. RAMIREZ MD	325 Hospital Drive, G.B.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	20 Aug. 71	New Cathedral Cemetery	Baltimore, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Kirkley Funeral Home, Glen Burnie, Md.	AUG 23 1971	Vernon O. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 25m-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11481

CERTIFICATE OF DEATH

11484

1. DECEASED-NAME (Type or print): First: Richard; Middle: NMN; Last: Fisher

2a. DATE OF DEATH: Month: 8; Day: 22; Year: 71

2b. HOUR: M

3. SEX: Male

4. RACE: Negro

5. DATE OF BIRTH: 8-10-10

6. AGE (In years last birthday): 61 YRS.

IF UNDER 1 YEAR: MONTHS; DAYS

IF UNDER 24 HRS.: HOURS; MIN.

7a. BIRTHPLACE (State or foreign country): South Carolina

7b. CITIZEN OF WHAT COUNTRY? America

8. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: America ~~Anne Arundel~~ Md.

10. CITY OR TOWN OF DEATH: Annapolis, Maryland

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Anne Arundel General

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired

12b. KIND OF BUSINESS OR INDUSTRY: None

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: Anne Arundel

13c. CITY OR TOWN: Annapolis

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 407 Chester Avenue

14. FATHER'S NAME: First: Harry; Middle: ; Last: Fisher

15. MOTHER'S MAIDEN NAME: First: Laura; Middle: ; Last: Holmes

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16b. SOCIAL SECURITY NO.: 249-05-3864

17. INFORMANT: Julia Fisher

Address: 407 Chester ave. Annap. Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Hepatic Coma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2-3 days

DUE TO, OR AS A CONSEQUENCE OF

(b): Metastatic Carcinoma of liver — 6 mon

DUE TO, OR AS A CONSEQUENCE OF

(c): Primary Carcinoma of Colon — 1 year

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

1538

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from 4/27/71, 19 71, to 8/22/71, 19 71, that (I) (~~saw~~) last saw the deceased alive on 8/22 19 71, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~was~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE: Richard E Cook DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 8/23/71

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8/26/71

23c. NAME OF CEMETERY OR CREMATORY: Pine Lawn Mem. Pk.

23d. LOCATION (City or Town) (County) (State): Annapolis A. A. Md.

24. FUNERAL DIRECTOR: William Reese, II

ADDRESS: Annap. Md.

25a. RECD BY REGISTRAR DATE: AUG 24 1971

25b. REGISTRAR'S SIGNATURE: Vernon A. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71-30M
(VR A15 (3)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11482

CERTIFICATE OF DEATH

11485

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
SARAH	E.	FLACKS.	8	19	71	10:30 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
Female	Colored	Nov 22 1910	60 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
North Carolina	USA		A.A. County Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Glen Burnie Md	Addo		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Md	A.A.	Glen Burnie		505 Wellham Ave

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
David G.		Walker	Josephine		Robertson

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		Charles Flack	Same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis
DUE TO, OR AS A CONSEQUENCE OF (b) Generalized arterio sclerosis
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4339
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Weeks. Years.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Diabetes mellitus, gangrene R Leg.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this haspital) attended the deceased from 8/1, 19 71, ta 8/19, 19 71, that (I) (we) last saw the deceased alive an 8/19/71 19 ___, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
Gerard Chmura					8/24/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Gerard Chmura	Severna Park Md. Harn Professional Building

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
B	8-27-71	Mt Olivet Cem	

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Elroy O Nilson	2005 Or Road	AUG 24 1971	Vernon O. Randall

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11483

CERTIFICATE OF DEATH

11486

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
DAVID	E.	FORD	8	5	71	520 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN
MALE	White	12-9-1887	83 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH
MD	U.S.A.		ANNE ARUNDEL Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
GLENBURNIE	NURSING HOME. PLAZA-MANOR	FOREMAN (ret.)	OIL CO.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
MARYLAND	ANNE ARUNDEL	MILLERSVILLE		RT. 1, BOX #L%-A

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
GALTNER		Ford	UNKNOWN		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
NO ///////////	217 03 2947	Mr. James E. Ford (son) Same As #13

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CORONARY OCCLUSION	Several days
DUE TO, OR AS A CONSEQUENCE OF (b)	ARTEROSCLEROTIC HEART DISEASE	UNKNOWN
DUE TO, OR AS A CONSEQUENCE OF (c)	PROBABLE M.D. MALIGNANCY	

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 11/23/ , 19 71, to 8/4/ , 19 71, that (I) (we) last saw the deceased alive on 8/4/71 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Richard H. Hunt	ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	8/5/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Richard H. Hunt	100 Cherry Lane, Glen Burnie, Md 21061

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Aug. 9, 1971	GLEN HAVEN MEMORIAL PARK	GLEN BURNIE, MARYLAND

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
R.P. Singleton SINGLETON FUNERAL HOME GLEN BURNIE, MARYLAND	AUG 9 1971	Thomas O. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed/signed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11484

CERTIFICATE OF DEATH

11487

1. DECEASED-NAME (Type or print): First EDWARD Middle F. Last FOX, Sr.

2a. DATE OF DEATH: Month 8 Day 22 Year 71 — 2b. HOUR 4:35 A.M.

3. SEX: MALE

4. RACE: WHITE

5. DATE OF BIRTH: 5-24-~~20~~ 21

6. AGE (In years last birthday): 50 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.

7a. BIRTHPLACE (State or foreign country): MARYLAND

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: ANNE ARUNDEL COUNTY Md.

10. CITY OR TOWN OF DEATH: GLEN BURNIE

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): NORTH ARUNDEL HOSPITAL

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): TRUCK DRIVER

12b. KIND OF BUSINESS OR INDUSTRY: Rwy. Rd. EXPRESS

13a. USUAL RESIDENCE (Where deceased lived, if institutian: Residence before odmission) STATE: MARYLAND

13b. COUNTY: ANNE ARUNDEL

13c. CITY OR TOWN: CROWNSVILLE

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: 838 OAK DRIVE

14. FATHER'S NAME First Stephan Middle Lost Fox

15. MOTHER'S MAIDEN NAME First Maria Middle Lost Westwal

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes give war or dates of service) WW II

16b. SOCIAL SECURITY NO. 219-05-5747

17. INFORMANT: Betty A. Fox Address 838 Oak Dr. Crownsville, Md. 21032

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF (b) ASHD
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditians, if any, which gave rise to immediote couse (a), stating the underlying cause last. 4109

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CTF

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify medical examiner) UNDERLYING CAUSE OF DEATH [ ]

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. certify that (I) (this hospital) attended the deceased from 8/10/71, 19____, to 8/24/71, 19____, that (I) (we) last saw the deceased alive on 8/24/71 19____, and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: G. B. Ramsey DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 8/25/71

22d. PHYSICIAN NAME (Type): G. B. RAMSEY JR

22e. ADDRESS: 325 Hospital Dr. 3 B

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8/25/71

23c. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery

23d. LOCATION (City or Town) (County) (State): Glen Burnie A.A. Co. Md.

24. FUNERAL DIRECTOR: Walters Funeral Home ADDRESS Pratt&Stricker Streets 21223

25a. REC'D BY REGISTRAR DATE: AUG 25 1971

25b. REGISTRAR'S SIGNATURE: Vernon G. Randall

VR A15(4) 25m-1/70

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

11485

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11488

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1-70

1. DECEASED-NAME (Type or Print)	First: Hilda	Middle: M.	Last: Galvin	2a. DATE KNOWN OF DEATH ESTIMATED ☐	Month: 8	Day: 8	Year: 1971	2b. HOUR: 0 M
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 8/31/1912	6. AGE (In years last birthday): 58 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 8	Day 8	Year 1971	2d. HOUR: P M
7a. BIRTHPLACE (State or foreign country): MD.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel Co. Md.						
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Balt-North Arundel	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): homemaker	12b. KIND OF BUSINESS OR INDUSTRY						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 1912 HARMAN AVE.					
14. FATHER'S NAME First / Middle / Last: JOHN W. WOODY		15. MOTHER'S MAIDEN NAME First / Middle / Last: CHRISTINE GUTLIER							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 212206911	17. INFORMANT: CARROLL GALVIN, SR.	ADDRESS: 1912 HARMAN AVE. 21230						

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
4109 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. Linhardt M.D.
EXAMINER'S NAME (Type): E. Linhardt.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☑
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)
22b. DATE SIGNED: 8/18/71

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	8-12-71	MT. OLIVET CEM.	BALTIMORE, MD.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
HOWARD H. HUBBARD 4107 WILKENS AVE. 21229	AUG 11 1971	Vernon B. Randall

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11486 — 11489

1

1. DECEASED-NAME (Type or print) First: MINNIE Middle: E. Last: GLACE
2o. DATE OF DEATH Month: 8 Day: 31 Year: 71 — 2b. HOUR: 12 40 A M
3. SEX: FEMALE
4. RACE: White
5. DATE OF BIRTH: 6-2-99
6. AGE (In years last birthday): 72 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7o. BIRTHPLACE (State or foreign country): PA.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Anne Arundel Co. Md.
10. CITY OR TOWN OF DEATH: Crownsville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): CROWNSVILLE STATE HOSP. CROWNS. MD.
12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): RETIRED - GENERAL ELECTRIC Co.
12b. KIND OF BUSINESS OR INDUSTRY:
13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md. — 1020 Bristol
13b. COUNTY: —
13c. CITY OR TOWN: BALTIMORE
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 1020 BRISTOL PL.
14. FATHER'S NAME First: WILSON Middle: Lost: GLACE
15. MOTHER'S MAIDEN NAME First: MARY Middle: C. Lost: MOYER
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 189-07-9723
17. INFORMANT Address: BLANK FUNERAL HOME SUNBURY, PA.

MEDICAL CERTIFICATION

1B. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic Heart disease
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19o. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20o. AUTOPSY? YES ☐ NO ☐ | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) | 21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. **I certify** that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive an _____ 19____, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE: Hugo V. Caesar M.D. — DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☑ — 22c. DATE SIGNED: 8/30/71
22d. PHYSICIAN'S NAME (Type)
22e. ADDRESS: Crownsville State Hosp.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | 23b. DATE: Sept. 3, 1971 | 23c. NAME OF CEMETERY OR CREMATORY: PROMERET MANOR | 23d. LOCATION (City or Town) (County) (Stote): SUNBURY, PA.

24. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson Inc. — ADDRESS: Towson, Md. — 25o. REC'D BY REGISTRAR DATE: SEP 3 1971 — 25b. REGISTRAR'S SIGNATURE: Damon G. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1 11487

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13035

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 25m-1/70

1. DECEASED-NAME (Type or print)	First: MILDRED	Middle: I.	Last: GOLLIDAY	2a. DATE OF DEATH Month: 8 Day: 30 Year: 71	2b. HOUR: 1:30 P.M.
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 6-29-03	6. AGE (In years last birthday): 68 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): VIRGINIA	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: ANNE ARUNDEL COUNTY Md.		
10. CITY OR TOWN OF DEATH: GLEN BURNIE, MARYLAND	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): NORTH ARUNDEL HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): ~~Kind~~ Housewife	12b. KIND OF BUSINESS OR INDUSTRY: ~~NONE~~ Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: ANNE ARUNDEL CO.	13c. CITY OR TOWN: JESSUP	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Box 381A Orchard Ave.	
14. FATHER'S NAME First: Robert	Middle:	Last: Jenkins	15. MOTHER'S MAIDEN NAME First: Margaret	Middle: ?	Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Peggy Granitte	Address: 2516 Sugen St N. Springfield Va.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral vascular accident Smoking Arterioscleratic vascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4369
DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic vascular disease
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Cerebral vascular accident smoking Aff side of body 1948

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that ~~(I)~~ (this hospital) attended the deceased from 23 May, 19 71, to 30 May, 19 71, that ~~(I)~~ (we) last saw the deceased alive on 30 May 19 71, and that in ~~(my)~~ (our) opinian death accurred on the date and haur and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE: T. C. Cullis MD — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 30 May 71
22d. PHYSICIAN'S NAME (Type): THOMAS C. CULLIS M.D. — 22e. ADDRESS: 7 Hahn Prof Bld Severna Park Md

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	9/2/71	Zion Cemetery	Darsey Md.

24. FUNERAL DIRECTOR: Donaldson Funeral Home — ADDRESS: Laurel Md
25a. RECD BY REGISTRAR DATE: SEP 10 1971 — 25b. REGISTRAR'S SIGNATURE: Vernon G. Waddell

8 1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11488

CERTIFICATE OF DEATH

11490

1. DECEASED-NAME (Type or print) First	Middle	Lost	2o. DATE OF DEATH Month Day Year	2b. HOUR
Thomas	Theodore	Goss	August 28, 1971	8:30 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
Male	Cau	29 April 1914	57 YRS.		

7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Patterson N.J.	U.S.A.	MARRIED X	Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Ft Geo G Meade MD	Kimbrough Army Hosp	Soldier	Army

13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Anne Arundel	Gambrills	YES / NO X	RT 1

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
Frank		Goss	Kathryn		

16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
Yes	1941-65	174-32-4473	Harriet G Goss	RT1 Gambrills MD

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (o), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Carcinoma of lung (RML) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11 Months

1621

Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

HASCVD, diabetes mellitus

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES / NO X	

21o. ACCIDENT WAS / OR CONTRIBUTING / (If either, notify medicol examiner)	UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. I **certify** that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Sheldon Karabell MD	MD	X			28Aug71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Sheldon Karabell	Kimbrough Army Hosp Ft Geo G Meade MD

23o. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	September 1, 1971	Arlington National Cemetery	Alexandria, Virginia

24. FUNERAL DIRECTOR ADDRESS	25o. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
T.A.Hardesty, Successor to Hopping Funeral Home 172 West St. Annapolis	SEP 7 1971	Vernon R. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, you may file the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours after death.

VR A15 (4)
25m-1/70

1

11489

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11491

1. DECEASED-NAME (Type or print) First: Rosa Middle: B Last: Gray	2a. DATE OF DEATH Month: 8 Day: 7 Year: 71	2b. HOUR M	
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 11-22-87	6. AGE (In years last birthday): 83 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland Baltimore	7b. CITIZEN OF WHAT COUNTRY? U.S.A	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: A.A. Md.
10. CITY OR TOWN OF DEATH: Annapolis	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Ann. Nurs. & Cond. Center	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: A.A	13c. CITY OR TOWN: Edgewater	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ 13e. STREET AND NUMBER: 3443 Oak Drive.
14. FATHER'S NAME First: Herman Middle: Last: Miller		15. MOTHER'S MAIDEN NAME First: Rosa Middle: B Last: Unknown	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes (no) or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: MA 8 99812	17. INFORMANT: M. Posey (Grandaughter)	Address: Edgewater Md 3457 Oak Dr.

90
02
1

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Broncho Pneumonia – Left base — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 wk
4124
DUE TO, OR AS A CONSEQUENCE OF (b): Gangrene L foot & decubitus ulcers — 1 month
DUE TO, OR AS A CONSEQUENCE OF (c): – ASCVD – & peripheral arteriosclerosis — 60 Yrs
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

2

19a. DATE OF OPERATION: —	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: —	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from July, 1971, to Aug 7, 1971, that (I) (we) last saw the deceased alive on Aug 5 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Leymond W Lott MD DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐		22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type): LEYMOND W. LOTT MD.	22e. ADDRESS: SOUTH RIVER MED BLDG.	

1

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8-10-1971	23c. NAME OF CEMETERY OR CREMATORY: Washington National	23d. LOCATION (City or Town) (County) (State): Suitland PG Maryland
24. FUNERAL DIRECTOR: Robert E Wilhelm Funeral Home ADDRESS: 4308 Suitland Road Suitland Maryland		25a. REC'D BY REGISTRAR: AUG 12 1971 DATE	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

11490

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11492

1. DECEASED-NAME (Type or Print) First	Middle	Lost
Robert	A.	Guy

2a. DATE OF DEATH KNOWN XX ESTIMATED ☐ Month 8 Day 27 Year 1971 — 2b. HOUR 7:40 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS HOURS	IF UNDER 24 HRS MIN.
male	White	8/2/35	36 YRS.				

2c. DATE PRONOUNCED DEAD Month 8 Day 27 Year 1971 — 2d. HOUR 7:40 AM

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8.	9. COUNTY OF DEATH
Ill	USA	MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Pasadena	No. Arundel Hospital		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	AA	Pasadena	YES ☐ NO ☐	8269 Comion Road

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
Samuel		Guy	Unk		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs Robert A Guy	Same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Multiple injuries

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES XX NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	6:30 XX P.M. 8/27 1971	Subject driver - lost control of car- struck steel pole.

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	ROAD	Route 100			Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident XX, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE _____ M.D.

EXAMINER'S NAME (Type) Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER XX
DEPUTY MEDICAL EXAMINER ☐
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED 8/27/71

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/30/71	Glen Haven Mem Pk	Glen Burnie AA Co Md

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
McCully F.H., 130 E. Fort Ave., Balto., Md. 21230	SEP 1 1971	Vernon R. Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medicol Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

11491

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11493

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

1. DECEASED-NAME (Type or Print)	First: Robert	Middle: Andrew	Last: HARTLEY	2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐	Month: 8	Day: 25	Year: 1971	2b. HOUR: P M
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 11-25-17	6. AGE (In years last birthday): 53 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month 8 Day 25 Year 1971	2d. HOUR: P M
7a. BIRTHPLACE (State or foreign country): Nevada	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel County Md.				
10. CITY OR TOWN OF DEATH: Annapolis	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): U.S. Naval Hosp. Annapolis	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Analyst	12b. KIND OF BUSINESS OR INDUSTRY: US Gov't				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Va	13b. COUNTY: Fairfax	13c. CITY OR TOWN: Springfield	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 7226 Lackawana Dr 22150			
14. FATHER'S NAME First: Andrew	Middle: J	Last: Hartley	15. MOTHER'S MAIDEN NAME First: Erna	Middle:	Last: Bowman		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW II	16b. SOCIAL SECURITY NO.: 324-16-9953	17. INFORMANT: Wife - Lenore Hartley	ADDRESS: (same as deceased)				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described obave, held an Autapsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: C. Linhard M.D.

EXAMINER'S NAME (Type): E. LINHARD. MD

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county): AA co.

22b. DATE SIGNED: 8/26/71

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
burial	8/30-1971	Culpeper Nat Cemetery	Culpeper, Virginia

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Haldon Crump	Demaine Funeral Home, Alexandria, Va 22314	AUG 30 1971	Lemon B. Randall

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11492 — 11494

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Augusta	BAER	Hartman	8-3-	71		8:50 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (If years lost birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
FEMALE	WHITE	MAY 9, 1896	75 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
NEW YORK, N.Y.	US	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	A.A. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
SEVERNA PARK	MAPLE ROAD	HOUSEWIFE	AT HOME

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MARYLAND	ANNE ARUNDEL	SEVERNA PK.	YES [ ] NO [ ]	MAPLE ROAD

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
JOSEPH		STEIN	HANNAH		?

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
NO			MR. WARREN B. HARTMAN, MAPLE RD., SEVERNA PK. MD

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF (b) C.V.D.
DUE TO, OR AS A CONSEQUENCE OF (c) Senility
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 4109
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. **I certify** that (I) (this hospital) attended the deceased from 7-65, 19__, to 7-71, 19__, that (I) (we) last saw the deceased alive on 8-6-71, 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Robert R. Hahn		[ ]	[X]	[ ]	8-3-71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Robert R. HAHN	Severna Park

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
BURIAL	8-5-71	HEBREW FRIENDSHIP	BALTIMORE, MARYLAND

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD	AUG 9 1971	Vernon B. Randall

VR A15 (4) 45M - 1/69

FOR STATE HEALTH DEPT.

11493

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11495

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation or removal, and in any event within 72 hours after death.

VR A15ME(S) 8M-1/70

1. DECEASED-NAME (Type or Print)	First: NELSON	Middle:	Inst: HERNANDEZ-PEREZ					2a. DATE OF DEATH: KNOWN [X] ESTIMATED [ ] Month: 8-1 Day: Year: 1971			2b. HOUR: M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Oct 5, 1936	6. AGE (In years last birthday): 34 YRS.	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS: HOURS	MIN	2c. DATE PRONOUNCED DEAD: Month: August Day: 3, Year: 1971			24 HOUR: 11.00 A.M
7a. BIRTHPLACE (State or foreign country): Puerto Rica	7b. CITIZEN OF WHAT COUNTRY?: U S A	8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: ANNE ARUNDEL Md.								
10. CITY OR TOWN OF DEATH: Beverly Beach	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Rhode River	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Clerk	12b. KIND OF BUSINESS OR INDUSTRY: Dept Store								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Pro Georges	13c. CITY OR TOWN: Belair-Bowie	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER: 3627 - Majestic Lane							
14. FATHER'S NAME First Middle Last: Claudio Rios Hernandez		15. MOTHER'S MAIDEN NAME First Middle Last: Maria Perez									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes give war or dates of service): Korean	16b. SOCIAL SECURITY NO.: 581 68 8190	17. INFORMANT: Theresa Kessler	ADDRESS: Belair-Bowie, Md.								

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Drowning — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. 8329

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [ ] NO [X]

21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Manth, Day, Year: HOUR 4:15 P.M. 8-1 19 71	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.): Stood up and boat turned over
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): River	21f. LOCATION Street or R.F.D. No. / City or Town / County / State: Rhode River near Beverly Beach A.A. Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy [ ], Inspection [X], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED: August 3, 1971.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Aug 6, 1971	Ft Lincoln Cemetery	Colmar Manor Pro Geo Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons	Hyattsville, Md.	AUG 9 1971	Vernon R. Randall

0402

11494

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11496

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, page 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	James	Middle Richard	Lost Hesse	2a. DATE OF DEATH Month 8 Day 31 Year 71	2b. HOUR 3:12 M
3. SEX Male	4. RACE White	5. DATE OF BIRTH Sept 5, 1902	6. AGE (In years last birthday) 68 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH A.A.		Md.
10. CITY OR TOWN OF DEATH Pasadena	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Box 178 - Solley Rd.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Mechanic (Ret)	12b. KIND OF BUSINESS OR INDUSTRY Garage		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD	13b. COUNTY AA	13c. CITY OR TOWN Pasadena	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER Box 178 - Solley Rd.	
14. FATHER'S NAME First August	Middle	Lost Hesse	15. MOTHER'S MAIDEN NAME First Mae	Middle	Lost Louis
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No	(If yes give war or dates of service) None	16b. SOCIAL SECURITY NO. 215-09-6960	17. INFORMANT Mrs. Catherine S. Hesse	Address Same #13	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Debility & Arteriosclerosis

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 1519

DUE TO, OR AS A CONSEQUENCE OF (b) Ca Stomach

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 1957, 19____, to 1971, 19____, that (I) (we) last saw the deceased alive on 8-15-71, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE Robert R. Hahn	DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED 8-31-71		
22d. PHYSICIAN'S NAME (Type) Robert R. Hahn	22e. ADDRESS P.O. Box 738 Severna Park			

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/3/71	23c. NAME OF CEMETERY OR CREMATORY Glen Haven Memorial Park	23d. LOCATION (City or Town) Glen Burnie	(County) (State) Md.
24. FUNERAL DIRECTOR J. Watson	ADDRESS Singleton Funeral Home Glen Burnie Md.	25a. REC'D BY REGISTRAR DATE SEP 7 1971	25b. REGISTRAR'S SIGNATURE Vernon G. Randall	

VR A15 (4) 45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11495 — 11497

1 FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give cause of death in Items 1 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 should be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: Keith	Middle: MILLER	Last: HINES	2a. DATE KNOWN OF DEATH ESTIMATED ☐	Month: 8 Day: 31 Year: 1971	2b. HOUR: 0 M
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 12-26-32	6. AGE (In years last birthday): 38 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN		2c. DATE PRONOUNCED DEAD Month: 8 Day: 31 Year: 1971	2d. HOUR: 0 M
7a. BIRTHPLACE (State or foreign country): N.C.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel County			Md.
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Bon-North. Arundel	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): MAINT.	12b. KIND OF BUSINESS OR INDUSTRY: HOUSING			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: A.A.	13c. CITY OR TOWN: SEVERNA PARK	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 542 CYPRESS LANE		
14. FATHER'S NAME First: HESAGAR	Middle: F.	Last: HINES	15. MOTHER'S MAIDEN NAME First: BERTHA	Middle: —	Last: WARREN	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 240-44-1571	17. INFORMANT: HAZEL M. HINES	ADDRESS: A-S ABOVE		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Gun Shot Wound - Basal Cerebral

DUE TO, OR AS A CONSEQUENCE OF

(b): Suicide

DUE TO, OR AS A CONSEQUENCE OF

(c):

955X

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 8/31 1971	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.): Self inflicted gun shot wound
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home	21f. LOCATION Street or R.F.D. No.: 542 Cypress Lane — City or Town: Severna Park — County: Anne Arundel — State: Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. Linhardt M.D.

EXAMINER'S NAME (Type): E. Linhardt

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county): AAco

22b. DATE SIGNED: 8-31-71

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 9/4/1971	23c. NAME OF CEMETERY OR CREMATORY: Evergreen Me. Park	23d. LOCATION (City or Town): Wilson	(County): Wilson (State): N. C.
24. FUNERAL DIRECTOR: Raymond C. Fink	ADDRESS: Glen Burnie, Md.	25a. RECD. BY REGISTRAR DATE: SEP 7 1971	25b. REGISTRAR'S SIGNATURE: Osmon C. Randall	

VR A15ME (5) 8M-1/70

9

FOR STATE HEALTH DEPT.

11496

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11498

1. DECEASED-NAME (Type or Print) First: VERNON Middle: J. Last: Hood		2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month 8 Day 19 Year 1971	2b. HOUR P M
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 2-16-44	6. AGE (In years last birthday): 27 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN.
2c. DATE PRONOUNCED DEAD Month 8 Day 19 Year 1971			2d. HOUR P M
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel, Co Md.
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Mill-Forth. Arundel.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): ELECTRICIAN	12b. KIND OF BUSINESS OR INDUSTRY: ELECTRICAL
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: ANNE ARUNDEL	13c. CITY OR TOWN: GLEN BURNIE	13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 7996 CRAIN HIGHWAY			
14. FATHER'S NAME First: JAMES Middle: V. Last: HOOD		15. MOTHER'S MAIDEN NAME First: MARY Middle: G. Last: REBHAM	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service): //////////	16b. SOCIAL SECURITY NO.: 217 40 9700	17. INFORMANT ADDRESS: MRS. JOYCE M. HOOD (wife) SAME AS #13	

99

02

1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun Shot Wound Skull — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

955X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 8-19 1971	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Self-inflicted Gun Shot Wound
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) Same	21f. LOCATION Street or R.F.D. No. City or Town: Glen Burnie County: Ann Ar State: MD

X

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. Rehmert M.D.

EXAMINER'S NAME (Type): E. Linhardt.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county): Ann Ar.

22b. DATE SIGNED: 8-15-71

2

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: AUG. 23, 1971	23c. NAME OF CEMETERY OR CREMATORY: GLEN HAVEN MEMORIAL PARK	23d. LOCATION (City or Town) (County) (State): GLEN BURNIE, MARYLAND
24. FUNERAL DIRECTOR: Ted Singleton	ADDRESS: SINGLETON FUNERAL HOME GLEN BURNIE, MD.	25a. REC'D BY REGISTRAR DATE: AUG 23 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) BM-1/70

1

11497

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11499

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: PANSY (PEGGY)	Middle: E	Last: HOUSER	2a. DATE OF DEATH Month: 8 Day: 7 Year: 71	2b. HOUR: 9:15 A M
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 6/19/00	6. AGE (In years last birthday): 71 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U S	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: ANNE ARUNDEL Md.		
10. CITY OR TOWN OF DEATH: GLEN BURNIE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): NORTH AA HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: ANNE AR	13c. CITY OR TOWN: GLEN BURN	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 7957 QUEENS ROAD	
14. FATHER'S NAME First: Herbert	Middle: J.	Last: Minor	15. MOTHER'S MAIDEN NAME First: Ella	Middle: E.	Last: Mirley
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214-16-9804A	17. INFORMANT: George R. Minor, Brother, same as 13	Address	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Metastatic Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

DUE TO, OR AS A CONSEQUENCE OF

(b): Carcinoma of pancreas — 1 year

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.

1579

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☑ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I **certify** thot (I) (this hospitol) attended the deceased from _____, 19____, to 8-7-, 19 71, that (I) (we) last saw the deceased alive an 8-7- 19 71, and that in (my) (our) apinion death occurred on the dote ond hour ond from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: O. Dorkan	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED: 8-7-71
22d. PHYSICIAN'S NAME (Type): O. DORKAN	22e. ADDRESS: 325 Hospital Drive, G. Burnie				

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10 August 71	23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery	23d. LOCATION (City or Town): Sheperdstown,	(County) / (State): West Virgini
24. FUNERAL DIRECTOR: Kirkley Funeral Home, Glen Burnie, Md.	ADDRESS	25a. REC'D BY REGISTRAR DATE: AUG 11 1971	25b. REGISTRAR'S SIGNATURE: Vernon B. Randall,		

VR A15 (4)
25m-1/70

11498

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11500

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or print) First / Middle / Last	William H. Huettner, Sr.	2a. DATE OF DEATH Month / Day / Year	8/13/71	2b. HOUR	M
3. SEX	M	4. RACE	W	5. DATE OF BIRTH	5/24/01
6. AGE (In years last birthday)	70 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Md.	7b. CITIZEN OF WHAT COUNTRY?	USA.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	
9. COUNTY OF DEATH	Anne Arundel County Md.				
10. CITY OR TOWN OF DEATH	Balto.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	North Arundel Gen. Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Baker
12b. KIND OF BUSINESS OR INDUSTRY	self-employed				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.	13b. COUNTY	V	13c. CITY OR TOWN	Balto.
13d. INSIDE CITY LIMITS?	YES ☒ NO ☐	13e. STREET AND NUMBER	2736 Pelham Ave.		
14. FATHER'S NAME First / Middle / Last	Henry Huettner	15. MOTHER'S MAIDEN NAME First / Middle / Last	Lizette Hoehn		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	no	16b. SOCIAL SECURITY NO.	218-32-1400	17. INFORMANT Address	A. Louise Huettner (wife) same address

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 YEARS
4123
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
EMPHYSEMATOUS BRONCHITIS AND OBESITY

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) ~~(this hospital)~~ attended the deceased from MARCH 23, 1949, to AUGUST 13, 1971, that (I) ~~(we)~~ last saw the deceased alive an MAY 11 1971, and thot in (my) ~~(our)~~ opinian death occurred on the dote ond hour ond from the causes stated abave, (I) ~~(we)~~ ~~(did)~~ (did nat) view the bady after death.

22b. SIGNATURE	Melvin N. Borden M.D.	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED	8/16/71
22d. PHYSICIAN'S NAME (Type)	Dr. Melvin Borden	22e. ADDRESS	5000 Balto. National Pike				

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Entombment	8/17/71	Lorraine Mausoleum	Balto. Md.	
24. FUNERAL DIRECTOR ADDRESS	Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Balto. Md. 21213	25a. REC'D BY REGISTRAR DATE	AUG 19 1971	25b. REGISTRAR'S SIGNATURE Vernon R. Randall

VR A (5 M) 30M REV. 11/68

11499

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11501

1. DECEASED-NAME (Type or print) First Middle Lost: MONTAGUE HUTCHINSON AKA EDWIN MONTAGUE HUTCHINSON
2a. DATE OF DEATH Month Day Year: AUG 27 1971
2b. HOUR: 5:40 A M
3. SEX: MALE
4. RACE: CAUCASIAN
5. DATE OF BIRTH: MAY 31, 1892
6. AGE (In years last birthday): 79 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): New York
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: ANNE ARUNDEL Md.
10. CITY OR TOWN OF DEATH: ANNAPOLIS,
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): BAY MANOR CONVAL. CENTER
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): CHEMIST (retired)
12b. KIND OF BUSINESS OR INDUSTRY: Chemical
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND
13b. COUNTY: ANNE ARUNDEL
13c. CITY OR TOWN: ANNAPOLIS,
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 423 4th St. 21403
14. FATHER'S NAME First Middle Lost: hutchinson
15. MOTHER'S MAIDEN NAME First Middle Lost: unk
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service): - - - -
16b. SOCIAL SECURITY NO.: 143-01-0298
17. INFORMANT Address: Mr. David Hutchinson, New Jersey

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Parkinsons Disease — yrs.
342X
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [✓]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from AUG., 1969, to 27 AUG, 1971, that (I) (~~we~~) last saw the deceased alive on 26 AUG 1971, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: William H Choate
DEGREE: ATTENDING PHYS. [✓] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 27 AUG 71.
22d. PHYSICIAN'S NAME (Type): WILLIAM H. CHOATE
22e. ADDRESS: Colinial Bank Bldg. Parole,

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Aug.31,1971
23c. NAME OF CEMETERY OR CREMATORY: UNION CEMETERY, MIDDLE ISLE, LONGISLE, NEW YORK
23d. LOCATION (City or Town) (County) (State)
24. FUNERAL DIRECTOR: H S Wade
ADDRESS: Hopping Funeral Home, Annapolis, Maryland
Signed by T. H. Hardesty
25a. REC'D BY REGISTRAR DATE: SEP 7 1971
25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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DHMH-16 1/71 30M (VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11500 11502

1. DECEASED NAME (Type or print): First Mary Middle Eleanor A Last Jackson
2a. DATE OF DEATH: Month August Day 3 Year 1971
2b. HOUR: 7P M
3. SEX: Female
4. RACE: Negroe
5. DATE OF BIRTH: 2-21-1905
6. AGE (In years last birthday): 66 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): md
7b. CITIZEN OF WHAT COUNTRY?: U.S.A
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Annapolis
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Anne Arundel General
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Domestic
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: md
13b. COUNTY: A.A.Co
13c. CITY OR TOWN: LOTHIAN
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: Box 216A LOTHIAN md
14. FATHER'S NAME First Thomas Middle NMN Last Wilkerson
15. MOTHER'S MAIDEN NAME First Dora Middle NMN Last Reed
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 220-30-2178
17. INFORMANT Address: John W. Jackson Box 216A - Lothian md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Anaphylactic reaction
DUE TO, OR AS A CONSEQUENCE OF (b): Penicillin infection
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 9311
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immediate

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Bilateral Pneumonia ; positive serology

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH ☐ OR CONTRIBUTING ☐ (If either, natity medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from July 15, 19 71 to Aug 3, 19 71, that (I) (~~we~~) last saw the deceased alive on Aug 3 1971 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Willard F. Smith DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 8/3/71
22d. PHYSICIAN'S NAME (Type): Willard F. Smith MD
22e. ADDRESS: Shady Side, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-7-1971
23c. NAME OF CEMETERY OR CREMATORY: Union Chapel
23d. LOCATION (City or Town) (County) (State): A.A.Co md
24. FUNERAL DIRECTOR: C.E. Hicks III ADDRESS: 1922 Forest Drive Annapolis md
25a. REC'D BY REGISTRAR DATE: AUG 11 1971
25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 (4))

1

11501

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11503

1. DECEASED-NAME (Type or print) First: Ruby Middle: O. Last: Jewell	2a. DATE OF DEATH Month: 8 Day: 8 Year: 71	2b. HOUR: 5:15 M	
3. SEX: Female	4. RACE: Cau.	5. DATE OF BIRTH: 10-28-90	6. AGE (In years last birthday): 80 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): North Arundel Convalescent Center	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: QA	13c. CITY OR TOWN: Grasonville	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ 13e. STREET AND NUMBER: P.O. Box 173
14. FATHER'S NAME First: Willard Middle: Piersoll Last:	15. MOTHER'S MAIDEN NAME First: Sarah? Middle: Lost: ~~Pierson~~		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service):	16b. SOCIAL SECURITY NO.: 219 05 9845 B	17. INFORMANT: Anita B. Zeller Address: 702 Juniper Road Glen Burnie, Md 21061	

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

1538

IMMEDIATE CAUSE (a): Left ventricular failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours

DUE TO, OR AS A CONSEQUENCE OF (b): Carcinoma of Colon — year

DUE TO, OR AS A CONSEQUENCE OF (c): Thrombophlebitis right femoral — months

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from 7/6, 1971, to 8/8, 1971, that (I) (we) last saw the deceased alive on 8/8 1971 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] DEGREE	ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 8/8/71	
22d. PHYSICIAN'S NAME (Type): MAX C FRANK MD	22e. ADDRESS: 420 S E Mitchie Hwy Glen Burnie Md 21061		
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8-11-71	23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland
24. FUNERAL DIRECTOR: McCully - 237 Patapsco Ave.	ADDRESS: Balto Md 21225	25a. REC'D BY REGISTRAR DATE: AUG 11 1971	25b. REGISTRAR'S SIGNATURE: Vernon R Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR 9415 (4) 45M - 1/69

1

11502

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11504

1. DECEASED-NAME (Type or print) First Middle Lost: Antonio Olanda Johnson	2a. DATE OF DEATH Month Day Year: 8-26-1971	2b. HOUR M	
3. SEX: Male	4. RACE: Col.	5. DATE OF BIRTH: 7-29-1971	6. AGE (In years last birthday) YRS. IF UNDER 1 YEAR MONTHS DAYS 28 IF UNDER 24 HRS. HOURS MIN
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: A.A. Md.
10. CITY OR TOWN OF DEATH: Annapolis	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): A.A. General	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: A.A.	13c. CITY OR TOWN: Anna	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 31 Carver St.			
14. FATHER'S NAME First Middle Lost: Glover Johnson	15. MOTHER'S MAIDEN NAME First Middle Last: Barbara Joyce		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Barbara Joyce	Address: Anna Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Pulmonary Insufficency	3 min.
DUE TO, OR AS A CONSEQUENCE OF (b)	Chronic malnutrition	1 week
DUE TO, OR AS A CONSEQUENCE OF (c)	Failure to thrive	3 weekd

7789

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (~~this hospital~~) attended the deceased from 8/21, 1971, to 8/25/, 1971, that (I) (~~we~~) last saw the deceased alive on 8/25/ 1971 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE: Richard E. Cook	DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 8/28/71
22d. PHYSICIAN'S NAME (Type): Richard E. Cook, M.D.	22e. ADDRESS: 20 Dean Street, Annapolis, Md	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8-30-1971	23c. NAME OF CEMETERY OR CREMATORY: St. Marks	23d. LOCATION (City or Town) (County) (State): Mayo Md.
24. FUNERAL DIRECTOR: William Reese #	ADDRESS: Anna Md.	25a. REC'D BY REGISTRAR DATE: AUG 31 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11503 11505

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year
Norman	Alvin	Johnson Jr.	August 12 1971

2b. HOUR: 8:45 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN
Male	Negro	5/10/1919	52 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	U S A		Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Annapolis	Anne Arundel General	Rigger Foreman	Naval Acdmy

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Anne Arundel	Annapolis	YES ☐ NO ☐	32 Lincoln Pkwy 21401

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Norman	NMN	Johnson	Mary	Elizabeth	Hebron

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
Yes	WW II	220-09-4491	Caldonia B. Johnson	32 Lincoln Parkway

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro Vascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4122
DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive Cardiovascular Renal
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
		8-12-71	8-12-71		

22a. **I certify** that (I) (this hospital) attended the deceased from 8-12-71, 19____, to 8-12-71, 19____, that (I) (we) last saw the deceased alive on 8-12-71 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
[signature]		☒	☐	☐	8-13-71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
A T ALLEN	[illegible] Gaithersburg Md

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8-16-1971	Pine Lawn	Annapolis A.A. Md

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
C.E. Hicks, 111 1922 Forest Drive	Anna, Md	AUG 17 1971	Vernon R. Randall

DHMH-16 1/71 30M
(VR A15(4))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11504

CERTIFICATE OF DEATH

11506

1. DECEASED-NAME (Type or print): First I Middle BURKLEY Last JONES III
2a. DATE OF DEATH: Month AUG Day 3 Year 1971
2b. HOUR: 10 M
3. SEX: MALE
4. RACE: WHITE
5. DATE OF BIRTH: OCT 28 1904
6. AGE (In years last birthday): 66 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): BALTO MD.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: ANNE ARUNDEL Md.
10. CITY OR TOWN OF DEATH: ANNAPOLIS
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 212 KING GEO. ST.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): EXECUTIVE
12b. KIND OF BUSINESS OR INDUSTRY: PUB. UTIL.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD
13b. COUNTY: AA. CO
13c. CITY OR TOWN: ANNAPOLIS
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 212 KING GEO. ST.
14. FATHER'S NAME: First I. Middle BURKLEY Last JONES JR.
15. MOTHER'S MAIDEN NAME: First ANNE Middle BOWEN Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.
17. INFORMANT: DORIS A. JONES Address: #13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks.
DUE TO, OR AS A CONSEQUENCE OF (b): Amyotrophic Lateral sclerosis — 6 yrs.
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
3480

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from July, 1966, to Aug, 1971, that (I) (we) last saw the deceased alive on 7/23 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: John Hedeman MD — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 8/5/71
22d. PHYSICIAN'S NAME (Type): JOHN HEDEMAN
22e. ADDRESS: FOREST DR. ANNAPOLIS MD

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUG 6 1971
23c. NAME OF CEMETERY OR CREMATORY: LOUDON PARK CEM.
23d. LOCATION (City or Town) (County) (State): BALTIMORE MD.

24. FUNERAL DIRECTOR: JOHN M TAYLOR SON
ADDRESS: ANNAPOLIS MD.
25a. RECD BY REGISTRAR DATE: AUG 6 1971
25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed as to the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 25m-1/70

FOR STATE HEALTH DEPT.

11505

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11507

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

1. DECEASED-NAME (Type or Print)	First: Marveline	Middle: --	Last: Jones	2a. DATE OF DEATH: KNOWN ☐ ESTIMATED ☒	Month: 8	Day: 20,	Year: 19 71	2b. HOUR: 2:10 PM
3. SEX: Female	4. RACE: Negro	5. DATE OF BIRTH: 6/6/26	6. AGE (In years last birthday): 45 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month 8	Day 20,	Year 19 71	2d. HOUR: 3:45 PM
7a. BIRTHPLACE (State or foreign country): W. Va.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel County, Md.						
10. CITY OR TOWN OF DEATH: Annapolis	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Anne Arundel General Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Clerical (Ret.)	12b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Pr. Geo.	13c. CITY OR TOWN: Lanham	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 10305 Buena Vista Ave.					
14. FATHER'S NAME: First Unk.	Middle	Last	15. MOTHER'S MAIDEN NAME: First Virginia	Middle Brown	Last				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 232-32-3780	17. INFORMANT: Charlotte V. Spriggs	ADDRESS					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY.

954X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Drowning	
DUE TO, OR AS A CONSEQUENCE OF (b)		
DUE TO, OR AS A CONSEQUENCE OF (c)		

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. 2:10 P.M. 8/20, 19 71	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Presumably jumped off bridge
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Bridge	21f. LOCATION Street or R.F.D. No. / City or Town / County / State: Old Severn River Bridge, Annapolis, A.A.Co., Md.

22a. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: August 21, 1971

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Aug. 25, 71	23c. NAME OF CEMETERY OR CREMATORY: Lincoln Memorial Cem.	23d. LOCATION (City or Town) (County) (State): Suitland, Maryland	
24. FUNERAL DIRECTOR: Robert G. McGuire	ADDRESS: 1820 9th St., N.W. Wash., D. C. 20001	25a. REC'D BY REGISTRAR DATE: AUG 30 1971	25b. REGISTRAR'S SIGNATURE: Vernon B. Randall	

3607

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11506 11508

1. DECEASED-NAME (Type or print): First NORMA Middle R. Last KIDDER
2a. DATE OF DEATH: Month AUG Day 17 Year 1971
2b. HOUR: M
3. SEX: FEMALE
4. RACE: WHITE
5. DATE OF BIRTH: DEC 6, 1902
6. AGE (In years last birthday): 68 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): WASH. D.C.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: ANNE ARUNDEL Md.
10. CITY OR TOWN OF DEATH: ANNAPOLIS
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): A.A. GEN. HOSP.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWIFE
12b. KIND OF BUSINESS OR INDUSTRY: HOME.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.
13b. COUNTY: A.A.
13c. CITY OR TOWN: ANNAPOLIS
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: 797 FAIRVIEW AVE.
14. FATHER'S NAME First CLAY Middle J Last UNGER
15. MOTHER'S MAIDEN NAME First LEONA C Middle Last BARBER.
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No
16b. SOCIAL SECURITY NO.:
17. INFORMANT: PAUL H. KIDDER Address: #13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Stroke — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12hrs-
4369
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☑
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from _____, 1963, to 8/12, 1971, that (I) (we) last saw the deceased alive on 8/16 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Richard N. Peeler DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 8/17/71
22d. PHYSICIAN'S NAME (Type): RICHARD N. PEELER
22e. ADDRESS: 121 CATHEDRAL ST ANNAP. MD.

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
23b. DATE: 8-18-71
23c. NAME OF CEMETERY OR CREMATORY: Ft. LINCOLN
23d. LOCATION (City or Town) (County) (State): BLADENSBURG P.G. MD.
24. FUNERAL DIRECTOR: JOHN M. TAYLOR SONS ADDRESS: ANNAPOLIS MD
25a. REC'D BY REGISTRAR DATE: AUG 20 1971
25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

DHMH-16 1/71 30M
(VR A15)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11507 — 11509

1. DECEASED-NAME (Type or print): First Palmer Middle E. Last Koenig
2a. DATE OF DEATH: Month 8 Day 3 Year 71
2b. HOUR: 10 A.M.
3. SEX: MALE
4. RACE: WHITE
5. DATE OF BIRTH: SEPT 20 1909
6. AGE (In years last birthday): 61 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): TEXAS
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: ANNE ARUNDEL Md.
10. CITY OR TOWN OF DEATH: SEVERNA PARK
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 17 RIGGS ROAD
12a. USUAL OCCUPATION (Kind of work done during most of work life, even if retired.): CIVIL SERVICE
12b. KIND OF BUSINESS OR INDUSTRY: U.S. GOV.
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MD
13b. COUNTY: A.A.
13c. CITY OR TOWN: SEVERNA PK
13d. INSIDE CITY LIMITS? YES ☐ NO ☑
13e. STREET AND NUMBER: 17 RIGGS ROAD.
14. FATHER'S NAME First: ERNEST Middle: Last: KOENIG
15. MOTHER'S MAIDEN NAME First: DINA Middle: Last: LAUBEIN
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): NO (If yes give war or dates of service): —
16b. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. DOROTHY KOENIG Address: #13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ca Brain — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1621
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.
DUE TO, OR AS A CONSEQUENCE OF (b): Ca Lung
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical exominer)
21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I **certify** that (I) (this hospital) attended the deceased from 1956, 19___, to 1971, 19___, that (I) (we) last saw the deceased alive an 8-2-71 19___, and that in (my) (aur) opinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE: Robert R. Hole DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 8-3-71
22d. PHYSICIAN'S NAME (Type): Robert R. Hole
22e. ADDRESS: Severna Park Md

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8/6/1971
23c. NAME OF CEMETERY OR CREMATORY: HILLCREST CEM.
23d. LOCATION (City or Town) (County) (Stote): ANNAPOLIS MD
24. FUNERAL DIRECTOR: JOHN M. TAYLOR - SON
ADDRESS: ANNAPOLIS MD.
25a. REC'D BY REGISTRAR DATE: AUG 6 1971
25b. REGISTRAR'S SIGNATURE: Vernon G. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, filled in and signed by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

1

11508

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11510

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. (Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Andrew	-	Lewis	8 7 1971	10:20 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
Male	White	12/16/57	13 YRS.	-	-

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
D.C.	U.S.A.	NEVER MARRIED [X]	Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Laurel	Center Hospital	Institutionalized	-

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
D.C.	-	Washington	YES [X] NO [ ]	Unknown

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Unknown			Kathryn	Yvonne	Scott

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	-	None	D.C. Mental Health Administration Forest Haven, Laurel, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hydrocephalus communicating

3479

DUE TO, OR AS A CONSEQUENCE OF

(b) visceral congestion

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(c) mental retardation

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES / NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [ ]	

21a. ACCIDENT / DR CONTRIBUTING / UNDERLYING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from 5/16/ , 19 58, to 8/7/ , 19 71, that (I) (we) last saw the deceased alive on 8/7/ 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Margaret Mola M.D.	M.D.	[ ]	[ ]	[X]	8/7/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Margaret Mola, M.D.	Dept. of Human Resources Social Services Administration Institutional Services Division, Laurel, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/12/71	Childrens Center	Laurel Md

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Davidson Funeral Home	Laurel Md	AUG 20 1971	Vernon B. Randall

VR ATS 14
25m-1/70

1

FOR STATE HEALTH DEPT.

11509

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11511

1. DECEASED-NAME (Type or Print): First William Middle Stuart Last Lindsey Jr.

2a. DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month 8 Day 3 Year 1971

2b. HOUR P M

3. SEX: M

4. RACE: W

5. DATE OF BIRTH: 4-22-58

6. AGE (In years last birthday): 13 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN.

2c. DATE PRONOUNCED DEAD: Month 8 Day 3 Year 1971

2d. HOUR P M

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Anne Arundel. Co Md.

10. CITY OR TOWN OF DEATH: Glen Burnie

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): DOA-North. Arundel.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Student

12b. KIND OF BUSINESS OR INDUSTRY: —

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: A.A.

13c. CITY OR TOWN: Severna Park

13d. INSIDE CITY LIMITS? YES [ ] NO [ ]

13e. STREET AND NUMBER: 611 Park Rd

14. FATHER'S NAME First William Middle Stuart Last Lindsey Sr.

15. MOTHER'S MAIDEN NAME First Deanna Middle Lost Rhodes

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: None

17. INFORMANT: Wm. S. Lindsey Sr ADDRESS: 611 Park Rd. Severna Park, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Drowning

9100

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sunday

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES [ ] NO [X]

21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 8-3 1971

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Swimming in Severn River

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Severn River

21f. LOCATION Street or R.F.D. No. Severn River City or Town Severna Pk County AA Co State Md

22a. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [X], Inquiry [X], and in my opinion death resulted from: Natural causes [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: E. Linhardt M.D.

CHIEF MEDICAL EXAMINER [ ]

ASSISTANT MEDICAL EXAMINER [ ]

DEPUTY MEDICAL EXAMINER [X]

ADDRESS (Street, city, town, or county)

EXAMINER'S NAME (Type): E. Linhardt.

22b. DATE SIGNED: 8-3-71 AA Co.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 6, 1971

23c. NAME OF CEMETERY OR CREMATORY: Glen Haven Cem.

23d. LOCATION (City or Town) (County) (State): Glen Burnie A.A. Md.

24. FUNERAL DIRECTOR: Barranco Funeral Home ADDRESS: Ritchie Hwy Severna Park, Md

25a. REC'D BY REGISTRAR DATE: AUG 9 1971

25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

13

11510

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11512

1. DECEASED-NAME (Type or print) First: Margaret Middle: Last: Marshall	2a. DATE OF DEATH Month: August Day: 9 Year: 1971	2b. HOUR 10:20 P.M.	
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 2-24-11	6. AGE (In years last birthday): 60 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Crownsville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Crownsville Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: Housewife
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: 2911 Dillon St. 21224			
14. FATHER'S NAME First: Thomas Middle: E. Last: Bowling	15. MOTHER'S MAIDEN NAME First: Mary Middle: L. Last: Murphy		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: —	17. INFORMANT Address: Son; George Marshall	

06
30
4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 minutes
2509
DUE TO, OR AS A CONSEQUENCE OF (b): Diabetes Mellitus — many years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from March 25, 19 71, to August 9, 19 71, that (I) (we) last saw the deceased alive on August 9 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert Brull	DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: August 9, 1971	
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS: 2217 42nd St. N.W. Apt #1 Wash D.C. 20007		
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8-14-71	23c. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.	23d. LOCATION (City or Town) (County) (State): Baltimore, Balto., Md.
24. FUNERAL DIRECTOR: Nicholas T. Matthews ADDRESS: 3021 Eastern Ave., Baltimore, Md.	25a. REC'D BY REGISTRAR DATE: AUG 16 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

1

11511

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11513

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Wilbert	Anthony	McDaniel	8 14 1971	8:20 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	Negro	1/2/54	17 YRS.	– / –	– / –

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
D.C.	U.S.A.		Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Laurel	Forest Haven	Institutionalized	None

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER
D.C.	–	Washington	YES ☒ NO ☐	1327 Montello Ave., N.E.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Wilbert	–	McDaniel	Thomasina	–	Perry

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	–	None	D.C. Dept., of Human Resources Mental Health Administration Forest Haven, Laurel, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Aspiration Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Days.

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Mental Retardation

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 1/31/ , 19 58 , to 8/14/ , 19 71 , that (I) (we) last saw the deceased alive on 8/14/1971 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☒	22c. DATE SIGNED
Rolando V. Goco					8/14/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Rolando Goco, M.D.	D.C. Dept., of Human Resources Social Service Adm., Institutional Services Div.,

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8-18-71	Children's Center Laurel, Md.	Laurel Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Donaldson Funeral Home	Laurel Md.	AUG 23 1971	Vernon B. Randall

VR AD 6 (4) 25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH MA 30-8565-85-870

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11512

11514

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: ANNA	Middle:	Last: McHardy	2a. DATE OF DEATH Month: 8 Day: 7 Year: 71	2b. HOUR: 10:30 A.M.	
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 11-30-87	6. AGE (In years last birthday): 83 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: A.A. County Md.		
10. CITY OR TOWN OF DEATH: Pasadena	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): North Arundel County Center	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): retired	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: A.A.	13c. CITY OR TOWN: Glen Burnie	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Hosp. Drive Glen Burnie	
14. FATHER'S NAME First Middle Last: Francis McHardy		15. MOTHER'S MAIDEN NAME First Middle Last: Bridget Bligh			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 215-12-0987-A	17. INFORMANT Address: Miss Mary McHardy, 102 N. Athol Avenue		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Insufficiency —

DUE TO, OR AS A CONSEQUENCE OF (b): ASCVHD — Decubitus ulcer

DUE TO, OR AS A CONSEQUENCE OF (c): MALNUTRITION - OLD CVA -

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR: [redacted] P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from July 26, 19 71, to August 6, 19 71, that (I) (we) last saw the deceased alive on August 6 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] M.D. DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐ 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type): BENITO MARTINEZ 22e. ADDRESS: 325 Hospital Dr. Glen Burnie

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/9/71	New Cathedral Cemetery	Baltimore, Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Witzke, 1630 Edmondson Ave.	AUG 10 1971	Vernon R. Randall

VR A15 (4) 45M - 1/69

FOR STATE HEALTH DEPT.

11513

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11515

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 2 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print): First FLOSSIE Middle EDNA Last McPHERSON

2a. DATE OF DEATH KNOWN [X] ESTIMATED [ ]: Month 8 Day 7 Year 1971

2b. HOUR 9 P M

3. SEX: FEMALE

4. RACE: WHITE

5. DATE OF BIRTH: JUNE 21 1905

6. AGE (In years last birthday): 66 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN

2c. DATE PRONOUNCED DEAD: Month 8 Day 7 Year 1971

2d. HOUR 9 P M

7a. BIRTHPLACE (State or foreign country): W. VA.

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

9. COUNTY OF DEATH: ANNE ARUNDEL Md.

10. CITY OR TOWN OF DEATH: ANNAPOLIS

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): AA GEN. HOSP.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWIFE

12b. KIND OF BUSINESS OR INDUSTRY: HOME.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD

13b. COUNTY: AA.

13c. CITY OR TOWN: ANNAPOLIS

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 910 VAN BUREN ST.

14. FATHER'S NAME First CHARLES Middle Last NUTTER

15. MOTHER'S MAIDEN NAME First JULIA Middle CUNNINGHAM Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS: HOWARD McPHERSON

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Metastatic Carcinoma generalized — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 days.

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1990

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Pathologic fracture left hip.

19a. DATE OF OPERATION: 7-27-71

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?: Fracture Hip Left.

20. AUTOPSY? YES [ ] NO [X]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [X] CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 7-10 1971

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Fell at home

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home

21f. LOCATION Street or R.F.D. No.: VAN BUREN Street City or Town: ANNAPOLIS County: AA Stote: MD

22a. **I certify** that I took charge of the remains described obave, held an Autopsy [ ], Inspectian [ ], Inquiry [✓], and in my opinian death resulted from: Naturol causes [ ], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: E Linhardt M.D.

EXAMINER'S NAME (Type): E. Linhardt.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED: 8/7/71 APCO.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 8/10/71

23c. NAME OF CEMETERY OR CREMATORY: HILLCREST Cem.

23d. LOCATION (City or Town) (County) (State): ANNAPOLIS MD.

24. FUNERAL DIRECTOR ADDRESS: JOHN M. TAYLOR. SON ANNAPOLIS MD.

25a. RECD BY REGISTRAR DATE: AUG 16 1971

25b. REGISTRAR'S SIGNATURE: Vernon A. Randall

VR A15ME (5) BM-1/70

11514

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11516

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Christian	Middle: NMN	Last: MERZ	2a. DATE OF DEATH: August 22, 1971 (Month, Day, Year)	2b. HOUR: 8:43 AM
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 1-4-03	6. AGE (In years last birthday): 68 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Germany	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel, Md.		
10. CITY OR TOWN OF DEATH: Annapolis	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Anne Arundel General	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Carpenter	12b. KIND OF BUSINESS OR INDUSTRY: Langenfelder		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Anne Arundel	13c. CITY OR TOWN: Annapolis	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 109 Maple Lane Hillsmere Shores	
14. FATHER'S NAME First / Middle / Last: JOHN / / MERZ	15. MOTHER'S MAIDEN NAME First / Middle / Last: UNK. / / MAIER				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217059497	17. INFORMANT: JOHN MERZ	Address: 12717 LAY HILL RD APT 201 SIL. SPR MD. 20906	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Sudden death — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: instantaneous

DUE TO, OR AS A CONSEQUENCE OF (b): Cardiac Arrhythmia and/or rupture — "

DUE TO, OR AS A CONSEQUENCE OF (c): Acute Myocardial Infarction — 2½ weeks

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Previous Myocardial Infarction

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ (If either, notify medical examiner) UNDERLYING ☐ CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 8-5, 19 71, to Present, 19 ____, that (I) (~~we~~) last saw the deceased alive on 8/21, 19 71, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Peter Verkouw MD		☒	☐	☐	8/23/1971

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
PETER VERKOUW	ANNAPOLIS MD.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	8/25/1971	KILLCREST MEM.	ANNAPOLIS MD.

24. FUNERAL DIRECTOR / ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
JOHN M. TAYLOR SON ANNAPOLIS MD.	AUG 27 1971	Vernon G. Randall

DHMH-16 1/71 30M
(VR A15 4)

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

11515

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11517

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form MV3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: James	Middle: David	Migliorini XXXXXXXXXXXX	2a. DATE KNOWN OF DEATH ESTIMATED ☐ Month: 8 Day: 15 Year: 1971	2b. HOUR: 0 M		
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: April 19.1948	6. AGE (In years last birthday): 23 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: 8 Day: 15 Year: 1971	2d. HOUR: 0 M	
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: A.A. County Md.			
10. CITY OR TOWN OF DEATH: Annapolis - MD	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): BWH - Anne Arundel Gen	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Apprentice Engineer	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: A.A.	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 7805 Winborne Dr. Apt D		
14. FATHER'S NAME First: Joseph	Middle: J.	Lost: Migliorini	15. MOTHER'S MAIDEN NAME First: Helen	Middle:	Lost: Warner	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): YES	1966 - 1970	16b. SOCIAL SECURITY NO.: 212 52 2975	17. INFORMANT: Mrs. Helen Cruise	ADDRESS: Same		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Drowning — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Instt

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.: 8-15 1971	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Dove from boat into water
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Chesapeake Bay	21f. LOCATION Street or R.F.D. No. / City or Town / County: / State: MD

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): E. Linhardt.

CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county): AACo.

22b. DATE SIGNED: 8-15-71

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 19 Aug 1971	23c. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland	
24. FUNERAL DIRECTOR: George J. Gonce	ADDRESS: 4001 Ritchie Hwy. Baltimore, Maryland 21225	25a. REC'D BY REGISTRAR DATE: AUG 20 1971	25b. REGISTRAR'S SIGNATURE: Vernon B. Randall	

VR A15ME (5) 8M-1/70

FOR STATE HEALTH DEPT.

11516

MARYLAND STATE DEPARTMENT OF HEALTH

Item#7a,14,15,FilmG449 9/7/71 kam

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11518

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print): First: Benjamin; Middle: ; Last: Miller

2a. DATE OF DEATH KNOWN ☒ / ESTIMATED ☐: Month: 8; Day: 26; Year: 1971

2b. HOUR OF DEATH: P M

3. SEX: M

4. RACE: W

5. DATE OF BIRTH: 7-25-13

6. AGE (In years last birthday): 58 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.

2c. DATE PRONOUNCED DEAD: Month: 8; Day: 26; Year: 1971

2d. HOUR: P M

7a. BIRTHPLACE (State or foreign country): Trenton Newark, N.J.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☒ / NEVER MARRIED ☐ / WIDOWED ☐ / DIVORCED ☐

9. COUNTY OF DEATH: Anne Arundel County Md.

10. CITY OR TOWN OF DEATH: Annapolis

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Anne Arundel General.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

12b. KIND OF BUSINESS OR INDUSTRY

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: Anne Arundel

13c. CITY OR TOWN: Sev. Pk.

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER: 4 Old Station Rd.

14. FATHER'S NAME: First: Jacob; Middle: (none); Last: Miller

15. MOTHER'S MAIDEN NAME: First: Unknown; Middle: ; Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): 1941 - 1946

16b. SOCIAL SECURITY NO.

17. INFORMANT: Son (Bill Miller) ADDRESS: 103D Brookwood Dr. Williamsburg, Va.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF

4107

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b):

DUE TO, OR AS A CONSEQUENCE OF

(c):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Hours

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. Lindbach M.D.

EXAMINER'S NAME (Type): E. Lindbach.

CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county): AAEC

22b. DATE SIGNED: 5-26-71

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: 8/27/71

23c. NAME OF CEMETERY OR CREMATORY: Johns Hopkins Univ.

23d. LOCATION (City or Town) (County) (State): Balto., MD.

24. FUNERAL DIRECTOR: Reese Funeral Home ADDRESS: Annapolis, MD.

25a. REC'D BY REGISTRAR DATE: AUG 30 1971

25b. REGISTRAR'S SIGNATURE: James B. Reed M.D.

VR A15ME (5) 8M-1/70

1

11517

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11519

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Bert	W.	Miller	8	30	71	6:45PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	White	9-17-14	56 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
U. S.	U.S.A.	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Glen Burnie	North Arundel Hosp.	Maintenance	Chemical

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	A.A.	Pasadena	YES [X] NO [ ]	8113 Woodholm Circle

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
George	-	Miller	Maude	-	Atkins

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
no	351 14 7816	Jennie Miller (Wife) As Above

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory failure
DUE TO, OR AS A CONSEQUENCE OF (b) Ca of Stomach c metastasis
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1519
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [ ]	

21a. ACCIDENT WAS (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
UNDERLYING [ ] DB CONTRIBUTING [ ] CAUSE OF DEATH		

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this hospital) attended the deceased from 8/30/71, 1971, to 8/30, 1971, that (I) (we) last saw the deceased alive on 8/30 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
[signature]	MD	[X]	[ ]	[ ]	8/30/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
SAIT EIKEN	529 Camp Meade Rd Linthicum

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	9/3/71	Glen Haven Mem. Park	Glen Burnie, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Raymond C. Fink Glen Burnie, Md.	SEP 2 1971	Vernon O. Randall

VR A15 (4)
25m-1/70

1

11518 Edith

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11520

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Edith	Harriett	Mitchell	Aug.	3	1971	3 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS HOURS	IF UNDER 24 HRS MIN
Female	Negro	JAN. 15, 1905	66 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	U.S.A.		Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Annapolis	Annapolis Nursing Ctr. Van Buren Ave.	Housewife	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Anne Arundel	Annapolis	YES ☒ NO ☐	1115 Madison St. Apt. 3-2

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
William	NMN	Smith	Rachell	NMN	Hobbs

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		220-24-9464	Walter Mitchell	1115 Madison St. Apt. 3-2 Anna, md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Stomach with extensive metastasis
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 6/10/, 1970, to 8/3/, 1971, that (I) (~~ ~~) last saw the deceased alive on 7/23/ 1971, and that in (my) (~~ ~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~ ~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Richard E. Cook		☒	☐	☐	8/3/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Richard E. Cook	30 Dean St. Annapolis, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	8-6-1971	Hillcrest	Annapolis	A.A.Co	Md

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
C.F. Hicks III	1922 Forest Drive, Anna, md	AUG 11 1971	Vernon G. Randall

VR A15 (4)
45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11519

CERTIFICATE OF DEATH

11521

1. DECEASED-NAME (Type or print): First ANNA Middle E. Last MORSBERGER
2a. DATE OF DEATH: Month AUGUST Day 9 Year 1971
2b. HOUR: M
3. SEX: FEMALE
4. RACE: WHITE
5. DATE OF BIRTH: JAN. 1, 1884
6. AGE (In years last birthday): 87 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: ANNE ARUNDEL Md.
10. CITY OR TOWN OF DEATH: GLEN BURNIE
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): #2 Westdale Rd.(Ferndale)
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWIFE (ret.)
12b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND
13b. COUNTY: ANNE ARUNDEL
13c. CITY OR TOWN: GLEN BURNIE
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: #2 Westdale Rd.(Ferndale)
14. FATHER'S NAME First CHRISTIAN Middle NAZARENUS Last
15. MOTHER'S MAIDEN NAME First MARY Middle SLAGG Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service): ////////////
16b. SOCIAL SECURITY NO.: 218 09 5020-D
17. INFORMANT: Mrs. Frances M. Widmayer (Niece) Address: Same as #13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage
DUE TO, OR AS A CONSEQUENCE OF (b): Cerebral arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4319
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours / years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☑
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from June, 19 70, to August 9th, 19 71, that (I) (we) last saw the deceased alive on August 9 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: F. Queral M.D. DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 8/10/71
22d. PHYSICIAN'S NAME (Type): Fernando Queral, M.D.
22e. ADDRESS: 3027 Annapolis Rd., Balto., Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: August 12/71
23c. NAME OF CEMETERY OR CREMATORY: Glen Haven Mem. Park
23d. LOCATION (City or Town) (County) (State): Glen Burnie, Md.
24. FUNERAL DIRECTOR: Singleton Funeral Home ADDRESS: Glen Burnie, Md.
25a. REC'D BY REGISTRAR DATE: AUG 13 1971
25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR-A15 (4) 25m-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11520

11522

1. DECEASED-NAME (Type or print): First Helen; Middle Elizabeth; Last MORTON

2a. DATE OF DEATH: August Month 18 Day, 1971 Year

2b. HOUR: 4:00A M

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: 7-13-97

6. AGE (In years last birthday): 74 YRS.

IF UNDER 1 YEAR: MONTHS; DAYS

IF UNDER 24 HRS.: HOURS; MIN

7a. BIRTHPLACE (State or foreign country): Wash.D.C.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Anne Arundel Md.

10. CITY OR TOWN OF DEATH: Annapolis

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Anne Arundel General

12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.): Retired

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Anne Arundel

13c. CITY OR TOWN: Annapolis

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: 18 River Drive

14. FATHER'S NAME First FRANK; Middle; Last HOTTAL

15. MOTHER'S MAIDEN NAME First MINNIE; Middle; Last WALLS

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —

(If yes give war or dates of service) —

16b. SOCIAL SECURITY NO.:

17. INFORMANT: MICHAEL K. MORTON Address #13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): 5990 Gram negative septicemia

DUE TO, OR AS A CONSEQUENCE OF (b): Urinary tract infect

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): ASCVD, Hypothyroid

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES [ ] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from _____, 19 69, to _____, 19 71, that (I) (we) last saw the deceased alive on 8/17 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: R. Biern

DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 8/18/71

22d. PHYSICIAN'S NAME (Type): Robert O. Biern M.D.

22e. ADDRESS: 121 Cathedral St. Annapolis Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 8-21-71

23c. NAME OF CEMETERY OR CREMATORY: CEDAR HILL

23d. LOCATION (City or Town) (County) (State): SUITLAND MD.

24. FUNERAL DIRECTOR: JOHN M. TAYLOR & SONS ADDRESS ANNAPOLIS MD

25a. REC'D BY REGISTRAR DATE: AUG 20 1971

25b. REGISTRAR'S SIGNATURE: Vernon O. Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 M)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11521

11523

1. DECEASED-NAME (Type or print): First Benjamin Middle H Last Naylor
2a. DATE OF DEATH: Month 8 Day 19 Year 1971
2b. HOUR
3. SEX: Male
4. RACE: Colored
5. DATE OF BIRTH: 2-28-1914
6. AGE (In years last birthday): 57 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: A. A. Md.
10. CITY OR TOWN OF DEATH: Annapolis
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): U.S. General Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: A. A.
13c. CITY OR TOWN: Mayo
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER
14. FATHER'S NAME First Frank Middle Last Naylor
15. MOTHER'S MAIDEN NAME First Margaret Middle Lost Creek
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 222-07-0508
17. INFORMANT: Joseph Naylor Address: Mayo Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hepatic Coma
DUE TO, OR AS A CONSEQUENCE OF
(b): Cirrohsis of the liver
DUE TO, OR AS A CONSEQUENCE OF
(c): Due to chronic alcoholism
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
5710
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Chronic brain cyndrome

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this haspital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Richard E. Cook DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 8/19/71
22d. PHYSICIAN'S NAME (Type)
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-22-1971
23c. NAME OF CEMETERY OR CREMATORY: Hope Memorial
23d. LOCATION (City or Town) (County) (State): Edgewater Md.
24. FUNERAL DIRECTOR: William Reese ADDRESS: Annapolis Md.
25a. RECEIVED BY REGISTRAR DATE: AUG 20 1971
25b. REGISTRAR'S SIGNATURE: Vernon G. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 14)

1

11522

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11524

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Mabel	Sophia	NELSON	8	16	71	9 55 M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS HOURS	MIN
Female	White	6-7-89	82 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Minn.	USA		Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Crownsville	Crownsville State Hosp	Registered Nurse	Nursing

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER
md.	A.A.	Amberly		Rt 2

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John	Gilbert	Nelson	Emma		Nelson

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
Navy		Hospital Records	Crownsville, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute CORONARY Insufficiency
4124
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) ASCVHD
DUE TO, OR AS A CONSEQUENCE OF (c) Cachexia - Urinary Infection - Decubitus ulcer

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this haspital) attended the deceased from 7-8-709, to 8-16, 1971, that (I) (we) last saw the deceased alive on 8-16 1971, and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☑	22c. DATE SIGNED
[signature]	MD				8/16/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
BENITO MARTINEZ	CROWNSVILLE STATE Hosp

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	9-2-71	Riley Cemetery	Litchfield		Minn.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John M. Taylor & Son	Annapolis, Md	AUG 20 1971	Vernon A. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

1

11523

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11525

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. (Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Kenneth	Middle: Hill	Last: NOBLE	2a. DATE OF DEATH: August (Month) 29 (Day) 1971 (Year)	2b. HOUR: 1120 P M	
3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: April 3, 1899	6. AGE (In years last birthday): 72 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Conn.	7b. CITIZEN OF WHAT COUNTRY?: U. S.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Anne Arundel Md.		
10. CITY OR TOWN OF DEATH: Annapolis	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): U.S. Naval Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Military	12b. KIND OF BUSINESS OR INDUSTRY: ----------		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Anne Arundel	13c. CITY OR TOWN: Crownsville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: Rt. 2, Box 172	
14. FATHER'S NAME First: William	Middle: C.	Last: NOBLE	15. MOTHER'S MAIDEN NAME First: Mary	Middle:	Last: HILL
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: Yes (If yes give war or dates of service): 1917-1948	16b. SOCIAL SECURITY NO.: 571-46-2165	17. INFORMANT: Thomas I. NOBLE	Address: 54 State Circle, Anna., Md.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cardiac arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: immediate

185X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): Carcinoma of prostate with metastasis — 1 year

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [XX]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that ~~(I) (this hospital)~~ attended the deceased from 27 June, 19 71, to 29 Aug, 19 71, that ~~(I)~~ (we) last saw the deceased alive on 29 Aug 19 71, and that in ~~(my)~~ (aur) opinion death occurred on the date and hour and from the causes stated above, ~~(I)~~ (we) (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: S H Martin M.D. DEGREE	ATTENDING PHYS. [X]	MED. DIRECTOR [ ]	STAFF PHYS. [ ]	22c. DATE SIGNED: 30 August 1971
22d. PHYSICIAN'S NAME (Type): S. H. MARTIN, CAPT, MC, USN	22e. ADDRESS: Naval Hospital			

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: SEPT. 1 1971	23c. NAME OF CEMETERY OR CREMATORY: U.S. Naval Aca. Cem.	23d. LOCATION (City or Town): Annapolis (County): HA (State): Md.	
24. FUNERAL DIRECTOR: John M. Taylor & Sons	ADDRESS: Annapolis Md	25a. REC'D BY REGISTRAR DATE: SEP 3 1971	25b. REGISTRAR'S SIGNATURE: Lemon G. Randall	

VR A15 (4)
45M - 1/69

11524

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11526

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Alexander	Middle:	Last: NOVINSKI	2o. DATE OF DEATH Month: 8 Day: 27 Year: 71	2b. HOUR: 7P M	
3. SEX: MALE	4. RACE: White	5. DATE OF BIRTH: 6-27-26	6. AGE (In years last birthday): 45 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7o. BIRTHPLACE (State or foreign country): PA	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: A.A. Co. Md.			
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): North Arundel Hosp	12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): COMMERCIAL	12b. KIND OF BUSINESS OR INDUSTRY: GOVT.			
13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: A.A.	13c. CITY OR TOWN: SEVERNA PK	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER: 814 BENFIELD RD.		
14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost	
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service): Yes WWII	16b. SOCIAL SECURITY NO.: 208168473	17. INFORMANT: Hazel Novinski	Address: ABOVE			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (o), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute myocardial infarct

DUE TO, OR AS A CONSEQUENCE OF

(b): Ischemic heart disease

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 hour.
2 years.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19o. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22o. **I certify** that (I) (this hospital) attended the deceased from 3/27, 1970, to 8/27/, 1971, that (I) (we) last sow the deceosed olive on 8/27 1971, and that in (my) (aur) opinian deoth occurred an the date ond haur ond from the couses stated abave, (I) (we) (did) (did not) view the bady after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Gerard Church		☑	☐	☐	8/30/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
GERARD CHURCH	HAHN BLDG. - SEVERNA PK.

23o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/31/71	Dale Meml	Dale Md.

24. FUNERAL DIRECTOR	ADDRESS	25o. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Robert S. Barranco, Severna Pk		SEP 1 1971	Vernon O. Randall

VR A15 (4) 45M - 1/69

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11525

11527

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Edwin
Middle	Aloyiusis
Last	O'CALLAGHAN
2a. DATE OF DEATH Month	August
Day	14,
Year	1971
2b. HOUR	1:15PM
3. SEX	Male
4. RACE	White
5. DATE OF BIRTH	3-2-92
6. AGE (In years last birthday)	79 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	
IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Wash.D.C.
7b. CITIZEN OF WHAT COUNTRY?	
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
9. COUNTY OF DEATH	Anne Arundel Md.
10. CITY OR TOWN OF DEATH	Annapolis
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Anne Arundel General
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Retired
12b. KIND OF BUSINESS OR INDUSTRY	Plumber
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.
13b. COUNTY	Anne Arundel
13c. CITY OR TOWN	Annapolis
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	
13e. STREET AND NUMBER	Box 134 Riverview Drive
14. FATHER'S NAME First	John
Middle / Last	O'Callaghan
15. MOTHER'S MAIDEN NAME First	
Middle / Last	Hurdle
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	No
(If yes give war or dates of service)	
16b. SOCIAL SECURITY NO.	577-07-8324A
17. INFORMANT Address	Mrs. Martha H. O'Callaghan, Annapolis, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48 Hours
DUE TO, OR AS A CONSEQUENCE OF
(b) ARTERIOSCLEROSIS, GENERALIZED. — 15 YRS.
DUE TO, OR AS A CONSEQUENCE OF
(c)

4339
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CHRONIC OBSTRUCTIVE PULM. DIS.; BRONCHIAL ASTHMA

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, natify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from SEPT, 1969, to 14 AUG, 1971, that (I) (we) last saw the deceased alive on 14 Aug 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Edward S Beck MD — DEGREE — ATTENDING PHYS. [ ] MED. DIRECTOR [X] STAFF PHYS. [ ]
22c. DATE SIGNED 14 August 1971
22d. PHYSICIAN'S NAME (Type) Edward S. Beck
22e. ADDRESS 73 Franklin Street Annapolis, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	17 Aug.1971	Mt. Olivet	Washington	D.C.

24. FUNERAL DIRECTOR Beall Funeral Home — ADDRESS 1212 West Street Annapolis, Maryland
25a. RECD BY REGISTRAR DATE AUG 17 1971
25b. REGISTRAR'S SIGNATURE Vernon G. Randall

DHMH-16 1/71 30M
(VR A15 (4))

11525

Plumber

John O'Callaghan Hurdle

No 577-07-8324A Mrs. Martha H. O'Callaghan, Annapolis, Md.

14 August 1971

73 Franklin Street
Annapolis, Maryland

Edward S. Beck

Burial 17 Aug.1971 Mt. Olivet Washington D.C.
1212 West Street
Beall Funeral Home Annapolis, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11526 — 11528

1. DECEASED-NAME (Type or print): First JOHN Middle Francis X. Last OSBORNE
2a. DATE OF DEATH: Month 8 Day 16 Year 71
2b. HOUR: 2:30 M
3. SEX: MALE
4. RACE: WHITE
5. DATE OF BIRTH: 3-23-85
6. AGE (In years last birthday): 86 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): VIRGINIA
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: ANNE ARUNDEL COUNTY Md.
10. CITY OR TOWN OF DEATH: GLEN BURNIE, MD
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): NORTH ARUNDEL HOSP.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): NONE
12b. KIND OF BUSINESS OR INDUSTRY: Clerk
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: VIRGINIA
13b. COUNTY: Chesterfield
13c. CITY OR TOWN: RICHMOND
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 9020 PAMS AVE.
14. FATHER'S NAME First Middle Last: Levi Osborne
15. MOTHER'S MAIDEN NAME First Middle Last: Sarah Rutherford
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 225-20-6204
17. INFORMANT: 8701 Pams Rd. Mrs. Verna Waldrop, Richmond, Va.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Weeks
DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic Heart Disease — Years
DUE TO, OR AS A CONSEQUENCE OF (c): Generalized Arteriosclerosis — Years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Congestive Heart Failure

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS DB CONTRIBUTING ☐ UNDERLYING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 8/14, 19 71, to 8/16, 19 71, that (I) (we) last saw the deceased alive on 8/16, 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE: Hilary T. O'Herlihy, DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 8/16/71
22d. PHYSICIAN'S NAME (Type): DR. HILARY T. O'HERLIHY
22e. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-18-71
23c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
23d. LOCATION (City or Town) (County) (State): Chesterfield Co. Va.
24. FUNERAL DIRECTOR: D. O. Williams
ADDRESS: Joseph W. Bliley Co., Richmond, Va.
25a. RECD BY REGISTRAR DATE: AUG 20 1971
25b. REGISTRAR'S SIGNATURE: Vernon G. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
25m-1/70

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11527 — 11529

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Mary	Middle: Louise	Last: Owens	2a. DATE OF DEATH: Month: August	Day: 3	Year: 1971	2b. HOUR: 6 A M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: May 17, 1884	6. AGE (In years last birthday): 87 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Anne Arundel	Md.			
10. CITY OR TOWN OF DEATH: Millersville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Knollwood Manor	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: Home				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Anne Arundel	13c. CITY OR TOWN: Birdsville	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: Rural			
14. FATHER'S NAME First: Lemon	Middle	Last: Bell	15. MOTHER'S MAIDEN NAME First: Annie	Middle	Last: Anderson		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: John E. Owens	Address: #13			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary edema
DUE TO, OR AS A CONSEQUENCE OF (b): Congestive heart failure acute & Chronic
DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerotic Cardiovascular Disease
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Duodenal ulcer lower back.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I **certify** that (I) (this hospitol) ottended the deceosed from March, 1969, to Aug 3, 1971, that (I) (we) last saw the deceased alive on July 29 1971, ond thot in (my) (our) opinion deoth occurred on the date and hour ond from the causes stoted above, (I) (we) (did) (did not) view the body ofter deoth.

22b. SIGNATURE: R m Smith M.D. DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: Aug 3, 1971
22d. PHYSICIAN'S NAME (Type)
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/5/71	All Hallows Church	Birdsville Md.

24. FUNERAL DIRECTOR: John M. Taylor & Sons ADDRESS: Annapolis, Md.
25a. REC'D BY REGISTRAR DATE: AUG 6 1971
25b. REGISTRAR'S SIGNATURE: Vernon G. Brandt

VR A15 (4) 25m-1/70

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

Item#6, FilmG439 8/16/71 kam

11528

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11530

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 2 with the State Department of Health and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pages 1 and 2 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the local registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

1. DECEASED-NAME (Type or Print) First: CONRAD	Middle:	Last: PACKARD	2a. DATE KNOWN OF DEATH ESTIMATED ☐	Month: 8	Day: 6	Year: 1971	2b. HOUR: P M
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 24, 1920 24 Dec. 20	6. AGE (In years last birthday): 50 49	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 8 Day 6 Year 1971	2d. HOUR: P M
7a. BIRTHPLACE (State or foreign country): Georgia	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel County				Md.
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): BWI-Dor M. Arundel	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: AA	13c. CITY OR TOWN: Glen Burnie	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 231 Williams Rd., Ferndale			
14. FATHER'S NAME First: Conrad	Middle: E.	Last: Packard	15. MOTHER'S MAIDEN NAME First: Mildred	Middle:	Last: Stratford		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes	If yes, give war or dates of service: WW2 & Korea	16b. SOCIAL SECURITY NO.: 215-12-5774	17. INFORMANT: Joy Myers, sister, same as 13	ADDRESS			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Carcinosis of Liver — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO, OR AS A CONSEQUENCE OF

(b):

DUE TO, OR AS A CONSEQUENCE OF

(c):

5719

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. Linhardt M.D.

EXAMINER'S NAME (Type): E. Linhardt

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county): BACO

22b. DATE SIGNED: 8-6-71

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11 Aug. 71	23c. NAME OF CEMETERY OR CREMATORY: Gettysburg National	23d. LOCATION (City or Town): Gettysburg,	(County) (State): Penna.
24. FUNERAL DIRECTOR: Kirkley Funeral Home, Glen Burnie, Md.	ADDRESS	25a. REC'D BY REGISTRAR DATE: AUG 11 1971	25b. REGISTRAR'S SIGNATURE: Vernon O. Randall	

x

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11529 11532

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Samantha Middle Maybelle Last Phibbons
2a. DATE OF DEATH: Month Aug Day 8 Year 1971
2b. HOUR: 710 PM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: Apr 27 1928
6. AGE (In years last birthday): 43 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Demis Tenn.
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Annapolis
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): A.A. Gen. Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life. Then if retired.): Telephone Operator
12b. KIND OF BUSINESS OR INDUSTRY: Telephone Co.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD
13b. COUNTY: A.A.
13c. CITY OR TOWN: Annapolis
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 3 Cyprus Rd.
14. FATHER'S NAME First Fred Middle O Last Collins
15. MOTHER'S MAIDEN NAME First Madie Middle Hoevell Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.
17. INFORMANT: William W. Phibbons Jr. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of breast with — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr
DUE TO, OR AS A CONSEQUENCE OF
(b) cerebral metastases — 1 wk.
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 174X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 7/31, 19 71, to 8/8, 19 71, that (I) (we) last saw the deceased alive on 8/8 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE DEGREE ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED 8/8/71
22d. PHYSICIAN'S NAME (Type) Richard N. Peeler
22e. ADDRESS 121 Cathedral St Annapolis Md

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 11 1971
23c. NAME OF CEMETERY OR CREMATORY Md. Nat. Mem. Cem.
23d. LOCATION (City or Town) (County) (State)
24. FUNERAL DIRECTOR ADDRESS John M. Taylor Sons Annapolis Md
25a. REC'D BY REGISTRAR DATE AUG 16 1971
25b. REGISTRAR'S SIGNATURE Vernon R. Randall

DHMH-16 1/71 30M
(VR A15 (4))

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

11530

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11533

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 22a, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form MM3 Page 3 (Give Page 1 and 2) be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE OF DEATH: KNOWN ☐ ESTIMATED ☒ Month	Day	Year	2b. HOUR
Charles	P	Piavis	8	1	1971	P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS: HOURS	MIN.	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
M	W	3/29/48	23					8	1	1971	P M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Louisiana	USA		Anne Arundel Co. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Glen Burnie	Bon-Secours-Anne Arundel		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	AA	Glen Burnie	YES ☐ NO ☒	100 K Warwickshire Lane

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
William	W,	Piavis	Winnie		May

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
yes	372-52-5951	Karen J. Piavis, same as 13

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple Injuries.
DUE TO, OR AS A CONSEQUENCE OF (b) Accident
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	8-1 1971	Struck by vehicle.

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	Highway	Route 648	Glen Burnie	Anne Arundel	Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE E. Linhardt M.D.
EXAMINER'S NAME (Type) E. Linhardt.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county) APCo.
22b. DATE SIGNED 8-1-71

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	4 Aug. 1971	Cadillac Memorial Gardens	Westland, Michigan

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Kirkley Funeral Home, Glen Burnie, Md.	AUG 4 1971	Vernon R. Rudd R.

VR A15ME (5)
8M-1/70

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

11531

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11534

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE KNOWN OF DEATH ESTIMATED	Month	Day	Year	2b. HOUR
MEADE	H.	PICK	☒ / ☐	8	21	1971	P M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
M	W	7-30-13.	58 YRS.			8	21	1971	P M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH	
MARYLAND	U.S.A.		Anne Arundel	Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY	
Glen Burnie	Bon Secours Hosp. Anne Arundel	MAINTANCE MAN	BD. OF ED.	

13a. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER	
MD	A.A.	PASADENA		275 OLD ANNAPOLIS BLVD	

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
WILLIAM	O.	PICK	SARAH	E.	MOORS

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown)	(If yes, war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
YES	1943-46	214-05-1183	HELEN D PICK	#13

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sweden.
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part I or Part 2, Item 18.)	
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that I took charge of the remains described above, held on Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Noturol couses ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined monner ☐

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type) E. Lushbaugh

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS(Street, city, town, or county) Arn.

22b. DATE SIGNED 8/21/71

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
BURIAL	8/24/1971	ST. ANNE'S CEM.	ANNAPOLIS MD.	

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
JOHN M. TAYLOR SONS	ANNAPOLIS MD	AUG 27 1971	Vernon B. Randall

VR A15ME (5)
8M-1/70

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11532

CERTIFICATE OF DEATH

11535

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M - 1/69

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year
MARY	CECELIA	POINER	Aug.	31,	1971

2b. HOUR: M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Female	White	Nov. 2, 1879	91 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	U.S.		Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Brook. Pk.	4406 Ritchie Hwy.	Housewife	None

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	A.A.	Brook Pk.	YES ☐ NO ☒	4406 Ritchie Hwy.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John	W.	DeLacour	Katherine		Rossman

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	Unknown	Miss Loretta Poiner	Same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident
DUE TO, OR AS A CONSEQUENCE OF
(b) Senile Arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF
(c)

4369
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 1966, 19 66, to Aug 31, 19 71, that (I) (~~we~~) last saw the deceased alive an Aug 31 19 71, and that in (my) (~~our~~) opinian death occurred an the date and haur and fram the causes stated abave, (I) (~~we~~) (~~did~~) (did nat) view the bady after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Mario J. Reda		☒	☐	☐	Sept. 2, 1971

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Mario J. Reda M.D.	4016 Ritchie Hwy. Balto. Md. 21225

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Sept. 3, 1971	Cedar Hill Cem.	Ritchie Hwy. A.A. Co., Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
George J. Gonce 4001 Ritchie Hwy.	SEP 8 1971	Vernon R. Randall,

1/12

11533

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11536

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: MICHAEL	Middle: JAMES	Last: POPE SR	2a. DATE OF DEATH: Month Aug Day 17 Year 1971
2b. HOUR: M			
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: MAY 20, 1891	6. AGE (In years last birthday): 80 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): MD	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: AA Co Md.
10. CITY OR TOWN OF DEATH: ANNAPOLIS	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): AA GEN	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): SALESMAN	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: AA	13c. CITY OR TOWN: ANNAPOLIS	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 1 Melrob Ct			
14. FATHER'S NAME First: CONRAD	Middle	Last: POPE	15. MOTHER'S MAIDEN NAME First: LOUISA Middle	Last: ROUFF
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If so give war or dates of service): 1942-45	16b. SOCIAL SECURITY NO.: 062-03-8685	17. INFORMANT: ANNA Pope	Address: ANNAPOLIS, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ARTERIOSCLEROTIC HEART DIS. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 YRS.
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) UNDERLYING ☐	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from 2-15, 1966 to 8-17, 1966, that (I) (we) last saw the deceased alive on 11-11 1970, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Edward L. Beck M.D. — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 8/17/71

22d. PHYSICIAN'S NAME (Type) — 22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8-20-71	23c. NAME OF CEMETERY OR CREMATORY: Hillcrest	23d. LOCATION (City or Town): Annapolis	(County): AA (State): Md
24. FUNERAL DIRECTOR: Hardesty Funeral Home	ADDRESS: Annapolis Md	25a. REC'D BY REGISTRAR DATE: AUG 20 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall	

DHMH-16 1/71 30M
(VR A15 (4))

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

11534

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11537

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month Day Year	2b. HOUR
WADE	C.	Proffitt	8-11 1971	M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN.	2c. DATE PRONOUNCED DEAD Month Day Year	2d. HOUR
Male	White	3 May 71	YRS.	3				August 11, 1971	4:50 P.M.

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH
Balto., Md.	USA		ANNE ARUNDEL Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Glen Burnie	North Arundel Hospital (DOA)		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER
Md.	Anne Arundel	Glen Burnie		1211 Dorsey Road

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Frank		Proffitt	Kathy		Martin

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		Parents	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Sudden death in infancy — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

795X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described above, held on Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE Charles S. Springate M.D.

EXAMINER'S NAME (Type) Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED August 12, 1971

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	13 Aug. 71	Glen Haven Memorial Park	Glen Burnie, AA Md,

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Kirkley Funeral Home, Glen Burnie, Md. 21061	AUG 13 1971	Vernon B. Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
8M-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11535

11538

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Elizabeth; Middle Catherine; Last RAAB
2a. DATE OF DEATH: Month Aug 8; Day 27; Year 71
2b. HOUR: 12:55 P M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 9-18-01
6. AGE (In years last birthday): 89 YRS.
IF UNDER 1 YEAR: MONTHS; DAYS
IF UNDER 24 HRS.: HOURS; MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Annapolis
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Anne Arundel General
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Anne Arundel
13c. CITY OR TOWN: Severna Park
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: Rt.#2 Box 120A Severna Park Md.
14. FATHER'S NAME First Joseph; Middle; Last Bauer
15. MOTHER'S MAIDEN NAME First Anna; Middle; Last Huebler
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Annabelle Morrissey Address: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Renal failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 398X
DUE TO, OR AS A CONSEQUENCE OF (b) Poor Cardiac Output — 8 mos
DUE TO, OR AS A CONSEQUENCE OF (c) Rheumatic heart disease — Long Study

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from July, 19 71, to Aug 27, 19 71, that (I) (~~we~~) last saw the deceased alive on 8-26, 19 71, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Rodney L. Bonfiglio M.D. DEGREE
ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 8-27-71
22d. PHYSICIAN'S NAME (Type)
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/31/71
23c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland

24. FUNERAL DIRECTOR ADDRESS: Leonard J Ruck Inc. Baltimore, Md
25a. REC'D BY REGISTRAR DATE: AUG 31 1971
25b. REGISTRAR'S SIGNATURE: Vernon B. Randall

DHMH-16 1/71 30M
(VR A15 (4))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11536

CERTIFICATE OF DEATH

11539

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Chester	S	Rader	Aug	12	1971	5:07 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	White	Oct 2, 1882	88 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Md	USA	MARRIED x	AA Co Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Pasadena	208 E Shore Rd	Ret Machinist	Beth Steel

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md	AA Co	Pasadena	YES / NO x	208 E Shore Rd

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
		Unk			Unk

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	213-07-8721A	Family	Same

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Hours

DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Arteriosclerosis — Years

DUE TO, OR AS A CONSEQUENCE OF (c) Pneumonitis — Weeks

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES / NO x	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 7/27 19 71, to 8/12, 19 71, that (I) (we) last saw the deceased alive on 8/12 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
[signature] MD		x	☐	☐	8/14/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
MAX C FRANK MD	4255 E Fifth Ave. Edgemere MD 21219

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	8/16/71	Western Cemetery	Balto	Co	Md

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
McCully F.H.	Mt & Tick Tock Rds	AUG 19 1971	Vernon R. Randall

VR A15 (2)
30M REV. 7-68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

11537

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11540

1. DECEASED-NAME (Type or Print) First Middle Last: Martin M. Raikes
2a. DATE OF DEATH KNOWN ☐ ESTIMATED ☐ Month Day Year: 8-1 1971
2b. HOUR: P M
3. SEX: Male
4. RACE: Col
5. DATE OF BIRTH: 9-29-1919
6. AGE (In years last birthday): 51 YRS. IF UNDER 1 YEAR: MONTHS DAYS; IF UNDER 24 HRS.: HOURS MIN
2c. DATE PRONOUNCED DEAD Month 8 Day 1 Year 1971
2d. HOUR: P M
7a. BIRTHPLACE (State or foreign country): Md
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: A.A. Md.
10. CITY OR TOWN OF DEATH: Annapolis
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): A.A. General
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Foundry Works
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md
13b. COUNTY: A.A.
13c. CITY OR TOWN: Anna
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 35 Dean St.
14. FATHER'S NAME First Middle Last: Martin A Raikes
15. MOTHER'S MAIDEN NAME First Middle Last: Ella Conston
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 215-12-9181
17. INFORMANT ADDRESS: Georgia Hopkins, Anna Md

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4109
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?
20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. Linhardt M.D.
EXAMINER'S NAME (Type): E. Linhardt
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county): AA Co.
22b. DATE SIGNED: 8-2-71

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-5-1971
23c. NAME OF CEMETERY OR CREMATORY: Pine Lawn
23d. LOCATION (City or Town) (County) (State): Annapolis Md.
24. FUNERAL DIRECTOR: William Reese
ADDRESS: Anna Md.
25a. REC'D BY REGISTRAR DATE: AUG 4 1971
25b. REGISTRAR'S SIGNATURE: Vernon G. Randall

VR A15ME (5) 10M REV. 1/68

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11539

11541

1. DECEASED-NAME (Type or print): First HELEN Middle MAE Last RICE
2a. DATE OF DEATH: Month 8 Day 12 Year 1971
2b. HOUR: 10 PM
3. SEX: F
4. RACE: Negro
5. DATE OF BIRTH: 5-27-51
6. AGE (In years last birthday): 20 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: ANNE ARUNDEL Md.
10. CITY OR TOWN OF DEATH: ANNAPOLIS
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): A.A. GENERAL
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): student
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Calvert
13c. CITY OR TOWN: Sunderland
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER:
14. FATHER'S NAME First: Ralph Middle: Rice Last:
15. MOTHER'S MAIDEN NAME First: Eileen Middle: Lost: Mackell
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.
17. INFORMANT: Ralph Rice Address: Sunderland, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CACHEXIA
1538
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b): TERMINAL STAGE OF COLON CANCER — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 MO.
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 7-19, 1971, to 8-12, 1971, that (I) (we) last saw the deceased alive on 8-12 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Martin T. Kim
DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 8-12-71
22d. PHYSICIAN'S NAME (Type): MARTIN T. KIM M.D.
22e. ADDRESS: 16 MURRAY AVE, ANNAPOLIS Md

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 8-15-71
23c. NAME OF CEMETERY OR CREMATORY: MT. HOPE
23d. LOCATION (City or Town) (County) (State): SONDERLAND CALVERT Md.
24. FUNERAL DIRECTOR ADDRESS: Pumphrey & Sons Fr. Frederick Md
25a. REC'D BY REGISTRAR DATE: AUG 18 1971
25b. REGISTRAR'S SIGNATURE: Vernon O. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 (4))

1

11538

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item#13e, Film G440 9/22/71 kam

CERTIFICATE OF DEATH

11542

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed as to the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Mary	—	Roman	August	21st	1971	11:45 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN
Female	Negro	6/18/04	67 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
North Carolina	U.S.A.		Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Crownsville	Crownsville Hosp.		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Baltimore 2	Baltimore	YES ☑ NO ☐	1241 E. Eager Street, 21202

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No		Crownsville State Hosp. Records

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of head of pancreas — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 months
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1570

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Diabetes Mellitus

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from Nov 22, 1960 to Aug 21, 1971, that (I) (we) last saw the deceased alive on Aug 21, 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Edward Brill	M.D.	☑	☐	☐	Aug 21 1971

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
	2217 47th St. N.W. Wash D.C. 20007

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
	2 Sep 71	Anatomy Board of Maryland	Baltimore, Maryland

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Reese	Annapolis	SEP 7 1971	Vernon G. Randall

VR A15 (4) 45M - 1/69

4 1

11540

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11543

1. DECEASED-NAME (Type or print) First Middle Last: WILLIAM C. SADLER	2a. DATE OF DEATH Month Day Year: AUG 3 1971	2b. HOUR: P M	
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: DEC 4 1914	6. AGE (In years last birthday): 56 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): MD	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: ANNE ARUNDEL Md.
10. CITY OR TOWN OF DEATH: ANNAPOLIS	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 118 CHESAPEAKE AV.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): LAWNMOWER REPN. + WATERMAN	12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD	13b. COUNTY: A A Co	13c. CITY OR TOWN: ANNAPOLIS	13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: 118 CHESAPEAKE AVE.			
14. FATHER'S NAME First Middle Last: WILLIAM J SADLER	15. MOTHER'S MAIDEN NAME First Middle Last: IDA A. RAWLINGS		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214051311	17. INFORMANT Address: ETHEL P. SADLER #13	

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MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinoma Lung	11 mos
DUE TO, OR AS A CONSEQUENCE OF (b)		
DUE TO, OR AS A CONSEQUENCE OF (c)		

1621

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

X

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from October, 1970, to Aug 3, 1971, that (I) (we) last saw the deceased alive on Aug 3 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature]	DEGREE ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 8/4/71
22d. PHYSICIAN'S NAME (Type): E. Linhardt	22e. ADDRESS: Chesapeake AF Annapolis, Md	

1

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: AUG 6 1971	23c. NAME OF CEMETERY OR CREMATORY: HILLCREST CEM.	23d. LOCATION (City or Town) (County) (State): ANNAPOLIS MD.
24. FUNERAL DIRECTOR: JOHN M. TAYLOR SONS	ADDRESS: ANNAPOLIS MD	25a. REC'D BY REGISTRAR DATE: AUG 6 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 25m-1/70

1 11541

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11544

1. DECEASED-NAME (Type or print) First: MARGARET Middle: M Last: SANK	2a. DATE OF DEATH Month: 8 Day: 14 Year: 71	2b. HOUR: 1:30 P.M.	
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 7/1/11	6. AGE (In years last birthday): 60 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Md	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: AACOUNTY Md.
10. CITY OR TOWN OF DEATH: PASADENA	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): NORTH ARUNDEL HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: ANNE ARUN	13c. CITY OR TOWN: DEL PASADENA	13d. INSIDE CITY LIMITS? YES [X] NO [ ] 13e. STREET AND NUMBER: RT 11 BOX 57
14. FATHER'S NAME First Middle Last: Charles E Strecker	15. MOTHER'S MAIDEN NAME First Middle Last: Amelia Kohlhoff		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Family Address: Same	

54 02 1

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Terminal metastatic Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2-3 months

1990

DUE TO, OR AS A CONSEQUENCE OF (b)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

2

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on 14 August 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] DEGREE ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 8/14/71	
22d. PHYSICIAN'S NAME (Type): PAUL J. CHANG MD	22e. ADDRESS: 801 Crain Hwy SE, Glen Burnie Md	

1

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8/18/71	23c. NAME OF CEMETERY OR CREMATORY: Glen Haven M P	23d. LOCATION (City or Town) (County) (State): Glen Burnie AA Co Md
24. FUNERAL DIRECTOR: McCully F.H. Mt & Tick Neck Rds.	ADDRESS	25a. REC'D BY REGISTRAR DATE: AUG 17 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11542 11545

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: IRVIN	Middle: O.	Last: SCHULER	2a. DATE OF DEATH: 08 Month 20 Day 71 Year	2b. HOUR: 5:45 AM
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: 06-20-98	6. AGE (In years last birthday): 73 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: A.A.CO. Md.		
10. CITY OR TOWN OF DEATH: GLEN BURNIE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): NORTH ARUNDEL HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Crane operator	12b. KIND OF BUSINESS OR INDUSTRY: Fertilizer		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission): MARYLAND	13b. CITY OR TOWN: Anne Arundel Co. Brooklyn	13d. INSIDE CITY LIMITS? NO [X]	13e. STREET AND NUMBER: 2 WEST 3RD AVE.		
14. FATHER'S NAME: First Anton	Middle	Last Schuler	15. MOTHER'S MAIDEN NAME: First Bertha	Middle	Last Riehl
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 215 07 7872	17. INFORMANT: Nellie Schuler	Address: 2 W. Third Ave.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:

1IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE

5718

Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF (b) COR PULMONALE (CA VOVINUN).

DUE TO, OR AS A CONSEQUENCE OF (c) CARDIAC CIRRHOSIS LIVER, HYDROTHORAX, BILATERAL.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING CAUSE OF DEATH [ ] OR CONTRIBUTING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. I certify that ~~I~~ (this hospital) attended the deceased from 19 Aug, 19 71, to 20 Aug 19 71, that ~~I~~ (we) last saw the deceased alive on 20 Aug 1971, and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
J.C. Cullis	MD	[X]	[ ]	[ ]	20 Aug 71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
THOMAS C. CULLIS MD	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/23/71	Glen Haven Mem. Pk.	Glen Burnie, A.A.Co., Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
George J. Gonce 4001 Ritchie Hgwy.	AUG 26 1971	Vernon G. Randall

VR A15(M)
25m-1/70

5 1

11543

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11546

1. DECEASED-NAME (Type or print) First: Alice Middle: R. Last: Schunck	2a. DATE OF DEATH Month Day Year: August 19, 1971	2b. HOUR: 4:26 P M	
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 12-10-06	6. AGE (In years last birthday): 64 YRS. IF UNDER 1 YEAR: MONTHS [illegible] DAYS [illegible] IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): North Arundel Hosp.	12a. USUAL OCCUPATION (Kind of work done during [illegible] even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: Own Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: A.A.	13c. CITY OR TOWN: Glen Burnie	13d. INSIDE CITY LIMITS? YES [x] NO [ ] 13e. STREET AND NUMBER: 2 Joyce Lane N.W.
14. FATHER'S NAME First: William Middle: Last: Pittinger	15. MOTHER'S MAIDEN NAME First: Mary Middle: Last: Carr		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address: Morris G. Schunck, Jr., Son, same as 13	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Recurrent cerebro-vascular accident

DUE TO, OR AS A CONSEQUENCE OF (b) Dehydration with acidosis

DUE TO, OR AS A CONSEQUENCE OF (c)

4369

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Chronic urinary tract infection c̄ indwelling catheter

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [x]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from Aug. 19, 1971, to Aug. 19 1971, that (I) (we) last saw the deceased alive on Aug. 19 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: B. A. de Guzman M.D. DEGREE ATTENDING PHYS. [x] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: Aug. 19, 1971	
22d. PHYSICIAN'S NAME (Type): B. A. de GUZMAN	22e. ADDRESS: 325 HOSPITAL DRIVE GLEN BURNIE, Md. 21061	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 23 Aug. 71	23c. NAME OF CEMETERY OR CREMATORY: Glen Haven Memorial Park	23d. LOCATION (City or Town) (County) (State): Glen Burnie, AA Co., Md.
24. FUNERAL DIRECTOR: Kirkley Funeral Home, Gle n Burnie, Md.	ADDRESS	25a. REC'D BY REGISTRAR DATE: AUG 23 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 25m-1/70

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11544

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11547

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Roland Middle J. Last Scott
2a. DATE OF DEATH: Month 8 Day 19 Year 71
2b. HOUR: M
3. SEX: Male
4. RACE: Col. American
5. DATE OF BIRTH: 1/18/1893
6. AGE (In years last birthday): 78 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Annapolis
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): A.A. General
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Waterman
12b. KIND OF BUSINESS OR INDUSTRY: Self
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: A.A.
13c. CITY OR TOWN: Churchton
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER:
14. FATHER'S NAME First William Middle J. Last Scott
15. MOTHER'S MAIDEN NAME First Alverta Middle Last Thompson
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown: No
16b. SOCIAL SECURITY NO. (If yes give war or dates of service): 218-12-9159
17. INFORMANT: Jennie B. Scott Address: Churchton, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF (b): Coronary atherosclerosis &c
DUE TO, OR AS A CONSEQUENCE OF (c): Rheumatic heart disease
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immediate / years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Chronic bronchitis

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) ~~(this hospital)~~ attended the deceased from 1960, 19__, to Aug 19, 19 71, that (I) ~~(we)~~ last saw the deceased alive an Aug 12 19 71, and that in (my) ~~(our)~~ apinian death accurred an the date and haur and fram the causes stated abave, (I) ~~(we)~~ (did) ~~(did not)~~ view the bady after death.

22b. SIGNATURE: Willard F. Smith DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 8/20/71
22d. PHYSICIAN'S NAME (Type): Willard F. Smith MD
22e. ADDRESS: Shady Side, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/23/71
23c. NAME OF CEMETERY OR CREMATORY: Franklin
23d. LOCATION (City or Town) (County) (State): Deale A.A. Md.
24. FUNERAL DIRECTOR: William Reese, II ADDRESS: Anna. Md.
25a. REC'D BY REGISTRAR DATE: AUG 20 1971
25b. REGISTRAR'S SIGNATURE: Vernon G. Randall

VR A15 (4) 45M - 1/69

FOR STATE HEALTH DEPT.

11545

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11548

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

1. DECEASED-NAME (Type or Print) First: Walter	Middle: E	Lost: Scribner Jr	2a. DATE KNOWN OF DEATH ☒ ESTIMATED ☐ Month: 8 Day: 21 Year: 1971	2b. HOUR: P M			
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: May 20, 1922	6. AGE (In years last birthday): 49 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: 8 Day: 21 Year: 1971	2d. HOUR: P M		
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel Co. Md.				
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Bah-North Arundel.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Professor	12b. KIND OF BUSINESS OR INDUSTRY: Education				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Balto	13c. CITY OR TOWN: Towson	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 408 Highbeth Rd			
14. FATHER'S NAME First: Walter	Middle: E.	Lost: Scribner	15. MOTHER'S MAIDEN NAME First: Lillian	Middle:	Lost: Rogers		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): WWII (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 213-12-6687	17. INFORMANT: Lucille D. Scribner	ADDRESS				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
4109
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. Linhardt M.D.
EXAMINER'S NAME (Type): E. Linhardt.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county): MACo.
22b. DATE SIGNED: 8-21-71

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8/24/71	23c. NAME OF CEMETERY OR CREMATORY: Mt Christian Cem.	23d. LOCATION (City or Town) (County) (State): Joppa Md	
24. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home	ADDRESS: 6500 York Rd	25a. REC'D BY REGISTRAR DATE: AUG 25 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Bradd	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11546

11549

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or print) First: George	Middle: William	Lost: Sears	2a. DATE OF DEATH: August Month 25 Day 1971 Year
2b. HOUR: 1:28 AM			
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 22 August 1915	6. AGE (In years last birthday): 56 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Calvert Co	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Anne Arundel County Md.
10. CITY OR TOWN OF DEATH: Annapolis	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): AA General	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Equipment Operator	12b. KIND OF BUSINESS OR INDUSTRY: Constructio
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Anne Arundel	13c. CITY OR TOWN: Annapolis	13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: Rte 1 Box 109			
14. FATHER'S NAME First / Middle / Lost: Joshua Lee Sears	15. MOTHER'S MAIDEN NAME First / Middle / Lost: Sara Virginia Stamp		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214 05 0170	17. INFORMANT Address: Nellie Sears Annapolis,Md	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hour
4100
Conditions, if ony, which gave rise to immediote couse (a), stoting the underlying couse last.
DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerosis — unknown
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Hypertension

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (~~this hospital~~) attended the deceased from 3 February 19 66, to 25 August 19 71, that (I) (~~we~~) last saw the deceased alive an 2 August 19 71, and thot in (my) (~~our~~) opinian deoth accurred on the dote and hour and from the couses stoted above (I) (~~we~~) (~~did~~) (did not) view the body after death.

22b. SIGNATURE: Charles W. Kinzer DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ] — 22c. DATE SIGNED: 25 August 1971

22d. PHYSICIAN'S NAME (Type): Charles W. Kinzer, M. D. — 22e. ADDRESS: 16 Murray Ave., Annapolis, Md.2140

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8-27-71	23c. NAME OF CEMETERY OR CREMATORY: Hillcrest	23d. LOCATION (City or Town) (County) (State): Annapolis,Md AA Co	
24. FUNERAL DIRECTOR ADDRESS: Hardesty Funeral Home Annapolis,Md		25a. REC'D BY REGISTRAR DATE: AUG 30 1971	25b. REGISTRAR'S SIGNATURE: Vernon G. Pardoe	

VR A15 (4) 45M - 1/69

1/2

11547

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11550

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

M

I

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Edwin	E.	SEEDERS	Aug 11 71	1:05PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
Male	White	11-23-94	76 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Missouri	U.S.A.	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Annapolis	Anne Arundel Gen.	COMMISSARY	US GOVM'T

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	A.A.	Annapolis	YES [ ] NO [ ]	6 Green Briar Lane

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
BENJ.	T.	SEEDERS	ANNA	SPENCE	

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
		219-28-6156	MINERVA T.	SEEDERS #13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
4109
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) ASCVD — Coronary Study
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Pneumonia. lingular. Left upper lobe

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES / NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		NO [X]	

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING / DR CONTRIBUTING / CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from Aug 7, 19 71, to Aug 11, 19 71, that (I) (we) last saw the deceased alive on Aug 11 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Rodney L Brimhall	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	Aug 13, 71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Rodney L. Brimhall	1407 Forest Dr. Annapolis.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	8/14/1971	CONCORD MEM CH. CEM	DENTON MD

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
JOHN M. TAYLOR. SONS	ANNAPOLIS MD.	AUG 16 1971	Vernon A Randall

DHMH-16 1/71 30M
(VR A15 (4))

FOR STATE HEALTH DEPT.

11548

MARYLAND STATE DEPARTMENT OF HEALTH FilmG439

Item#1, per tele. call with f.h. 8/9/71kam
14,17

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8/17/71

11551

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DA3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

1. DECEASED-NAME (Type or Print)	Michael	Eugene	Shrewsbury		2a. DATE OF DEATH KNOWN ☑ ESTIMATED ☐ Month 8 Day 9 Year 1971	2b. HOUR 12 M
3. SEX M	4. RACE W	5. DATE OF BIRTH 6-21-71	6. AGE (In years last birthday) YRS. IF UNDER 1 YEAR MONTHS 1 DAYS 21 IF UNDER 24 HRS HOURS MIN		2c. DATE PRONOUNCED DEAD Month 8 Day 9 Year 1971	2d. HOUR 12 M
7a. BIRTHPLACE (State or foreign country) Mullins, W.V.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH Anne Arundel Co. Md.			
10. CITY OR TOWN OF DEATH New Bernie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) DOA-North Arundel	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE West V.	13b. COUNTY Wyoming	13c. CITY OR TOWN Bud	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER		
14. FATHER'S NAME First Abner	Middle A.	Last Shrewsbury	15. MOTHER'S MAIDEN NAME First Katherine	Middle A.	Last Williams	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Abner A. Shrewsbury	ADDRESS Bud. West Virginia		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) SD II
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

795X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Unknown

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE E. Lindhardt M.D.

EXAMINER'S NAME (Type) E. Lindhardt.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county) Shrewsbury

22b. DATE SIGNED 8-9-71 0800

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8-12-71	Shrewsbury Shrewsberry Family Cemetery	Stevenson, West Virginia

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Hopping Funeral Home 172 West St. Annapolis, Md.	AUG 13 1971	Vernon R. Randall

SILKETTE, Wilbur

1

11549

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11552

1. DECEASED-NAME (Type or print) First: Wilbur Middle: Last: Sickette	2a. DATE OF DEATH Month: August Day: 7 Year: 1971	2b. HOUR: 12 M	
3. SEX: Male	4. RACE: Cherokee Indian	5. DATE OF BIRTH: Apr. 16-1891	6. AGE (In years last birthday): 80 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Unknown	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Annapolis	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Annapolis Nep. Center	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): long distance driver	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Rt. 1, Box 343 A Ann.	13b. COUNTY: Anne Arundel	13c. CITY OR TOWN: Annapolis	13d. INSIDE CITY LIMITS? YES ☒ NO ☐ 13e. STREET AND NUMBER: Rural Gambrills
14. FATHER'S NAME First Middle Last: Unknown	15. MOTHER'S MAIDEN NAME First Middle Last: Unknown		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 208-26-7719	17. INFORMANT: Ethel-May-Silkette-Rt I-Box 343A. Address: Gambrills-Md	

90
02
1

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral arteriosclerosis &

DUE TO, OR AS A CONSEQUENCE OF (b): coronary artery disease

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4379

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

2

22a. **I certify** that (I) (this hospital) attended the deceased from 5, 1971, to 6, 1971, that (I) (we) last saw the deceased alive on 6/71 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] DEGREE	ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type): S. P. Watkins	22e. ADDRESS: 121 Cathedral-Anna. Md		

1

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: 8/5/71	23c. NAME OF CEMETERY OR CREMATORY: Anatomy Board of Maryland	23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland
24. FUNERAL DIRECTOR: Chas E. Hicks III Md.	ADDRESS: Annapolis	25a. REC'D BY REGISTRAR DATE: AUG 11 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M - 1/69

11550

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11553

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Elizabeth	Warden	Simmons	August	30	71	5:40 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
Female	White	4-17-09	62 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
New York	U.S.A.	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Annapolis	Anne Arundel General Hos.		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	A.A.	Annapolis	YES [ ] NO [ ]	650 Americana Dr. Apt T-2

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

DUE TO, OR AS A CONSEQUENCE OF (b) A.C.-Aspirin Myocardial Infarction — 5 yrs

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.

4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Chr Brain Syndrom r/c Bronchitis

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [X]	

21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medical examiner) UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this haspital) attended the deceased from _____, 19 65, to 8-30-, 1971, that (I) (we) last saw the deceased alive on 8-29- 1971, and that in (my) (aur) apinion death accurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Frank M Shipley MD	[X]	[ ]	[ ]	8-30-71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
F M SHIPLEY	Annapolis Md

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Removal	8/30/71	Anatomy Bd. of Md.	Balto. Md. 21201 29 S Greene St

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
	AUG 31 1971	Vernon A. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be mailed with the State Dept. af Health and Mental Hygiene priar ta burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DHMH-16 1/71 30M
(VR A15 (4))

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11551

CERTIFICATE OF DEATH

11554

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
MARIE	R	SIRK	8	19	71	2:40 P

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
FEMALE	WHITE	11 ~~##~~ 28 29	41 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	U. S. A.		ANNE ARUNDEL Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
GLEN BURNIE	NORTH ARUNDEL	Table Operator	Communicati

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD	A A	GLEN BURNIE	YES ☐ NO ☒	714 DELMAR ROAD

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Walter	?	Rydzewski	Katherine	?	Przybysz

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
		NORTH ARUNDEL HOSPITAL GLEN BURNIE

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Terminal Metastatic Carcinoma of Colon — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 months

DUE TO, OR AS A CONSEQUENCE OF

(b) Carcinoma of Colon — 20 months

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1538

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☑	

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on 8/19/19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Paul J. Chang M.D.		☑	☐	☐	8/19/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
PAUL J. CHANG MD	801 Crain Hwy So Glen Burnie Md 21061

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/21/1971	True Gospel Cemetery	Lisbon Howard Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Raymond C. Fink Glen Burnie, Md.	AUG 23 1971	Vernon O. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (Rev.) 25m-1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11552

13100

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal, and in any event, within 72 hours after death

1. DECEASED-NAME (Type ar print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Margaret	V.	Smith	8	31	1971	1:00 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN
Female	White	12/5/88	82 YRS.				

7a. BIRTHPLACE (State ar foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Balto., Md.	U. S. A.		Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)	12a. USUAL OCCUPATION (Kind of wark done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Glen Burnie	North Arundel Conv. Center	Seamstress(Ret)	Garment Fac.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	A.A.	Glen Burnie	YES ☐ NO ☒	14 Wellham Avenue

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Louis	R.	Smith	Magdalena		Appel

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	212-05-9168	Mr. Milton S. Alvater - Same #13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Atrial fibrillation

DUE TO, OR AS A CONSEQUENCE OF

(b) ASHD

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditians, if any, which gave rise ta immediate couse (a), stating the underlying couse last. 4123

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Nat while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street ar R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this haspital) attended the deceased from 8/25/ , 1971 , ta 8/31/ , 1971 , that (I) (we) last saw the deceased alive an 8/30/ 1971 , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (I) (we) (did) (did nat) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED
Edmond I. Moushabek					9/8/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Edmond I. Moushabek, M.D.	510 Marcey Station Rd., Glen Burnie, Md. 21061

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	9/3/71	Oakland Cemetery	Balto., Md.

24. FUNERAL DIRECTOR ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Singleton F.H., 1 Second Ave. at Crain Hwy. Glen Burnie, Md. 21061	SEP 10 1971	Simon [illegible] Randall

DHMH-16 1/71 30M
(VR A15 (4))

1

11553

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11555

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
William	F.	Smith	Aug	5	71	10:15 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (If years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN
Male	Cau.	5-8-03	68 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	U.S.		Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Glen Burnie	North Arundel Conv. Center	Auto Mechanic	Auto

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Baltimore	Baltimore	YES ☒ NO ☐	3323 Frederick Ave. 21229

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
William		Smith	Anna	-	Rosenberger

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
	214-16-8686	Elizabeth Kendall	2141 Whistler Av.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinoma of larynx & metastasis	Months
DUE TO, OR AS A CONSEQUENCE OF (b)	Cerebrovascular Accident	Months
DUE TO, OR AS A CONSEQUENCE OF (c)	Generalized arteriosclerosis	yrs.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1619

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 6/29, 1971, to 8/5, 1971, that (I) (we) last saw the deceased alive on 8/5, 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
		☒	☐	☐	8/5/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
MAX C FRANKS	7 N Ritchie Hwy Glen Burnie Md

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8/9/1971	Loudon Park Cemetery	Baltimore, Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
G. Truman Schwab	3512 Frederick Av	AUG 9 1971	Vernon R. Randall

VR A15
45M - 1-69

FOR STATE HEALTH DEPT.

11554

MARYLAND STATE DEPARTMENT OF HEALTH

Item#1,FilmG439 8/23/71 kam

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11556

1. DECEASED-NAME (Type or Print) First: LISA Middle: J Last: Stackowitz		2a. DATE OF DEATH KNOWN ☑ ESTIMATED ☒ Month 8 Day 16 Year 1971	2b. HOUR P M
3. SEX: F	4. RACE: W	5. DATE OF BIRTH: 8/9/71	6. AGE (In years last birthday) YRS. IF UNDER 1 YEAR MONTHS DAYS 8 IF UNDER 24 HRS HOURS MIN
2c. DATE PRONOUNCED DEAD Month 8 Day 16 Year 1971			2d. HOUR P M
7a. BIRTHPLACE (State or foreign country): md.	7b. CITIZEN OF WHAT COUNTRY? U.S.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel Co. Md.
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): N/Arundel	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: md	13b. COUNTY: A.A.Co.	13c. CITY OR TOWN: Glen Burnie	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 7995 no/park count			
14. FATHER'S NAME First: David Middle: Lost: Stackowitz		15. MOTHER'S MAIDEN NAME First: Shelia Middle: D. Last: West	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: NONE	17. INFORMANT: Shelia D. West - ADDRESS: Mother	

54

02

1

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): SDII — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

795X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. Linhardt M.D.

EXAMINER'S NAME (Type): E. Linhardt

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 8/16/71 AACO

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8/19/71	23c. NAME OF CEMETERY OR CREMATORY: Glen Haven Memorial Pk.	23d. LOCATION (City or Town) (County) (State): Glen Burnie md.
24. FUNERAL DIRECTOR: R. Pewale Singleton Funeral Home	ADDRESS: Glen Burnie, md.	25a. REC'D BY REGISTRAR DATE: AUG 19 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 3 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) BM-1/70

11555

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11557

1. DECEASED-NAME (Type or print) First: Irvin Middle: Leroy Last: Stinchomb	2a. DATE OF DEATH Month: Aug. Day: 6 Year: 1971	2b. HOUR p.m 1:03 M	
3. SEX: Male	4. RACE: white	5. DATE OF BIRTH: 3-18-94	6. AGE (In years last birthday) 77 YRS. IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Annapolis, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Anne Arundel Gen. Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: AA Co	13c. CITY OR TOWN: Annapolis	13d. INSIDE CITY LIMITS? YES [X] NO [ ] 13e. STREET AND NUMBER: 608 Melvin Ave
14. FATHER'S NAME First: James B. Middle: Stinchcomb Last:	15. MOTHER'S MAIDEN NAME First: Annis Middle: Swann Last:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes give war or dates of service): WW I	16b. SOCIAL SECURITY NO.: 216 10 3122	17. INFORMANT: Pearl E. Stinchcomb Address: Annapolis, Md	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Lymphogenic Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 months
1621
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from Jan, 1970, to Aug 6, 1971, that (I) (we) last saw the deceased alive on Aug 6 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: G Church — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ] — 22c. DATE SIGNED: 8/7/71

22d. PHYSICIAN'S NAME (Type): GERARD CHURCH — 22e. ADDRESS: Hahn Professional Bldg, Severn Park Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8-9-71	23c. NAME OF CEMETERY OR CREMATORY: Cedar Bluff	23d. LOCATION (City or Town) (County) (State): Annapolis AA Co Md
24. FUNERAL DIRECTOR: Hardesty Funeral Home Annapolis, Md	ADDRESS	25a. REC'D BY REGISTRAR DATE: AUG 11 1971	25b. REGISTRAR'S SIGNATURE: Vernon R Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M (VR A15 (4))

6 12 11556

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11558

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: COSBY	Middle: M	Last: STOKES	2a. DATE OF DEATH: Month AUG Day 9 Year 1971	2b. HOUR: M
3. SEX: M	4. RACE: CAUC.	5. DATE OF BIRTH: DEC. 16, 1907	6. AGE (In years last birthday): 63 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): MD.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: ANNE ARUNDEL Md.		
10. CITY OR TOWN OF DEATH: ANNAPOLIS	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 1316 BAY RIDGE AVE	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): PAINTER	12b. KIND OF BUSINESS OR INDUSTRY: CONTRACTOR		
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md	13b. COUNTY: A.A.	13c. CITY OR TOWN: ANNA.	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 1316 BAY RIDGE AVE	
14. FATHER'S NAME First: JOHN	Middle: E.	Last: STOKES SR.	15. MOTHER'S MAIDEN NAME First: ANNIE	Middle: R.	Last: CARRIE
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: ESTHER F. STOKES	Address: # 13	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Probable Cardiac Arrest
DUE TO, OR AS A CONSEQUENCE OF (b): A C HD
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Hypertension

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While [ ] at work Not while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote

22a. I certify thot (I) (this hospitol) ottended the deceosed from 2/71, 19__, to 8, 19 71, thot (I) (we) lost sow the deceosed olive on Aug 9 19 71, ond thot in (my) (our) opinion deoth occurred on the dote ond hour ond from the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
R. Biern	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	8/9/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
ROBERT O. BIERN	121 CATHEDRAL ST. ANNA. Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	8-11-71	HILLCREST CEME.	ANNA. A.A. Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John M. TAYLOR + SONS	ANNA. Md.	AUG 16 1971	Vernon R. Randall

OHMH-16 1/71 30M
(VR A15 (4))

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

11557

11559

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month	Day	Year	2b. HOUR
CHARLES	T.	TARAUSKAS	8-	4-	1971	M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS: HOURS	MIN	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
Male	White	6/15/1919	52 YRS.					August	4.	1971	9:00A

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Md.	U.S.A.		Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Crownsville	Crownsville State Hospital	Bricklayer	Stay 4 and Jennie Pt.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY?	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	A.A.Co	SEVERNA PK.	YES ☐ NO ☒	? Rt 2 Box 136

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Anthony	Peter	Garauskas	Anne		Kalinaka

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	W.W.II	219-05-5985	Albina Kvedar - Rt 2 Box 136	Severna Pk, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hanging — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

953X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? (head-only) YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	A.M. 8-4- 1971	Subject hanged himself

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	Hospital		Crownsville	Anne Arundel	MD.

22a. **I certify** that I took charge of the remains described above, held an (head only) Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED 8/4/71

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
burial	8/9/71	Holy Redeemer Cem.	Davis. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John J. Cowen & Son Inc. 901 Hollins St. Balto. Md. 21223	AUG 6 1971	Vernon G. Randall

VR A15ME(5) 8M-(10)

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form MA-6. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1

FOR STATE HEALTH DEPT.

Items 18,22a Film 441 10/4/71 mh

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11558 — 11560

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 8M-1/70

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE OF DEATH: KNOWN ☒ ESTIMATED ☐ Month	Day	Year	2b. HOUR
Arthur	L.	Thompson	8	12	1971	4:45p M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
male	Negro	9/8/40	30 YRS.			August	12	1971	4:45p M
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH				
Md	U.S.A.		Anne Arundel Md				
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY				
Annapolis	Anne Arundel Gen. Hospital	Retired					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER			
Md.	A.A.	Galesville	YES ☐ NO ☒				
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last		
Arthur	T.	Thompson Sr.	Elizabeth		Weston		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
		Elizabeth Crooner	Galesville				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Fatty Metamorphosis of liver — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

5718

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described above, held on Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type) Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 8/12/71

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	8-15-1971	Crooners	Galesville Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
William Reese	Annapolis Md	AUG 17 1971	Vernon R. Ruddle

1

11559

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11561

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Herman	Middle: M.	Last: Thompson	2a. DATE OF DEATH: Month 8/ Doy 30/ Yeor 71	2b. HOUR: M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Sept 1, 1908	6. AGE (In yeors last birthday): 62 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U S A	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: A.A.Co Md.		
10. CITY OR TOWN OF DEATH: Glen Burnie Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): N. Arundel Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Ret.	12b. KIND OF BUSINESS OR INDUSTRY: Tavern Owner		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Howard	13c. CITY OR TOWN: Ellicott	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 296 Woodloo Drive	
14. FATHER'S NAME First: Unkown	Middle	Last	15. MOTHER'S MAIDEN NAME First: Unknown	Middle	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 216 09 2453	17. INFORMANT: Stephen K. Thompson	Address: 296 Woodloo Drive		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cachexia due to Liver Cirrhosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF (b): Chronic Alcoholism
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 5710

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Old healed Pulmonary Tb and interstitial fibrosis

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 7-22, 19 71, to 8-30 19 71, that (I) (~~we~~) last saw the deceased alive on 8-18 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: E. H. Weiss — DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 8-31-71

22d. PHYSICIAN'S NAME (Type): E. H. Weiss — 22e. ADDRESS: 615 Hammonds Lane - Balto. - 21225

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 9/2/71	23c. NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery	23d. LOCATION (City or Town) (County) (State): Glen Burnie Md. A A Co Md.	
24. FUNERAL DIRECTOR: McCully Funeral Home	ADDRESS: 237 Patapsco Ave	25a. REC'D BY REGISTRAR DATE: SEP 2 1971	25b. REGISTRAR'S SIGNATURE: Vernon G. Randall	

VR A15 (4)
45M - 1/69

1

11560

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

11562

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Hilda	Middle:	Last: Thompson	2a. DATE OF DEATH Month: 8 Day: 17 Year: 71
2b. HOUR: 6 15 M			
3. SEX: Female	4. RACE: negro	5. DATE OF BIRTH: I-19-1901	6. AGE (In years last birthday): 70 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Pa (Harrisburg)	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: A.A. Co. Md.
10. CITY OR TOWN OF DEATH: Crownsville, Md	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Crownsville State	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: A.A.	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: 1406 E Monument St.			
14. FATHER'S NAME First:	Middle:	Last:	15. MOTHER'S MAIDEN NAME First: Middle: Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214-62-8526	17. INFORMANT: Crownsville Hospital Records	Address

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CORONARY INSUFFICIENCY

5932

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): ASCVD - CACHEXIA - DECUBITUS ULCER

DUE TO, OR AS A CONSEQUENCE OF (c): RENAL INSUFFICIENCY -

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from 12-6, 19 68, to 8-17, 19 71, that (I) (we) last saw the deceased alive on 8-17 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] M.D.	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☑	22c. DATE SIGNED: 8-17-71	
22d. PHYSICIAN'S NAME (Type): B. Martinez M.D.	22e. ADDRESS		

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: 2 Sep 71	23c. NAME OF CEMETERY OR CREMATORY: Anatomy Board of Maryland	23d. LOCATION (City or Town) (County) (State): Baltimore, Md.	
24. FUNERAL DIRECTOR: Reese	ADDRESS: Annapolis	25a. REC'D BY REGISTRAR DATE: SEP 7 1971	25b. REGISTRAR'S SIGNATURE: [signature]	

VR A15 (4) 45M - 1/69

11561

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11563

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
RAYMOND	A.	TOUPS	AUG	20	1971	P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
M	CAUC	NOV. 7 1906	64 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
LA.	USA	MARRIED ☒	ANNE ARUNDEL Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ANNAPOLIS	AA. GEN. HOSP.	CRAWFORD CORP.	C.P.A.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	A.A.	EDGEWATER	YES ☐ NO ☒	WIDOWMITE Rd

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
JACQUES		TOUPS			

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
NO			CATHERINE R. TOUPS	# 13

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RUPTURED AORTIC ANURISM
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Aug 20 71	ABOVE	YES ☐ NO ☒	

21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medical examiner)	UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
☐	☐		

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from Aug 20, 1971, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Robert V. Wallace	MD		☐	☐	Aug 20/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
STEPHEN B. HILTABIDLE	121 CATHEDRAL ST. ANNAP. MD

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	8/23/1971	HILLCREST CEM.	ANNAPOLIS MD

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
JOHN M. TAYLOR & SONS	ANNAPOLIS MD	AUG 23 1971	Vernon R. Randall

DHMH-16 1/71 30M
(VR A15 14)

3 1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

11562

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11564

1. DECEASED-NAME (Type or Print)	First: Turner, Middle: Raymond, Last: Lee	2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month 8 Day 7 Year 1971	2b. HOUR A M
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 11/4/1954	6. AGE (In years last birthday): 16 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN.
2c. DATE PRONOUNCED DEAD Month 8 Day 7 Year 1971	2d. HOUR A M		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Anne Arundel County, Md.
10. CITY OR TOWN OF DEATH: Glen Burnie	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): North Arundel	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Anne Arundel	13c. CITY OR TOWN: Severn	13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 5- Florida Avenue			
14. FATHER'S NAME First: Lee Middle: S. Last: Turner	15. MOTHER'S MAIDEN NAME First: Iwalene Middle: - Last: Cornett		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214-66-2232	17. INFORMANT: Lee S. Turner ADDRESS: As Above	

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Multiple Injuries

8129

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 35 mins

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: 8/7/71	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? Crushed Chest.	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 8-7 1971	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Auto to auto.
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Highway	21f. LOCATION Street or R.F.D. No. Route 170 City or Town County AACO State MD

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. Linhardt M.D.

EXAMINER'S NAME (Type): E. Linhardt

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 8-7-71 AACo.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8/10/1971	23c. NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery	23d. LOCATION (City or Town) (County) (State): Glen Burnie, Md.
24. FUNERAL DIRECTOR: Raymond C. Fink	ADDRESS: Glen Burnie, Md.	25a. REC'D BY REGISTRAR DATE: AUG 10 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form FM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME(4) 8M-1/70

1

11563

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11565

1. DECEASED-NAME (Type or print) First: RAYMOND Middle: VAN BLARGAN Last:	2a. DATE OF DEATH Month 8 Day 18 Year 71	2b. HOUR 12 35 A M	
3. SEX: MALE	4. RACE: WHITE	5. DATE OF BIRTH: 12/9/27	6. AGE (In years last birthday) 43 YRS. IF UNDER 1 YEAR MONTHS — DAYS — IF UNDER 24 HRS. HOURS — MIN —
7a. BIRTHPLACE (State or foreign country): PENNYSLVANIA	7b. CITIZEN OF WHAT COUNTRY? U.S.A	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑	9. COUNTY OF DEATH: ANNE ARUNDEL Md.
10. CITY OR TOWN OF DEATH: CROWNSVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): CROWNSVILLE STATE	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND	13b. COUNTY: Balto.	13c. CITY OR TOWN: BALTIMORE	13d. INSIDE CITY LIMITS? YES ☑ NO ☑
13e. STREET AND NUMBER: 7706½ QUEEN ANN DRIVE			
14. FATHER'S NAME First: Raymond Middle: Van Blargan Last: Sr.	15. MOTHER'S MAIDEN NAME First: Sophia Middle: Last:		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service): WORLD WAR II	16b. SOCIAL SECURITY NO.: 204-12-905	17. INFORMANT: Mrs. A. Tamanini Address: 265 East Ave.	

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): HEPATIC COMA

5710

DUE TO, OR AS A CONSEQUENCE OF (b): CIRRHOSIS OF LIVER

DUE TO, OR AS A CONSEQUENCE OF (c): CHRONIC ALCOHOLISM

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): ASCITES, PEPTIC ULCER

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from 8/15, 1971, to 8/18, 1971, that (I) (we) last saw the deceased alive on 8/18 1971, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Stanley R Samms DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☑	22c. DATE SIGNED: 8/18/71	
22d. PHYSICIAN'S NAME (Type): STANLEY R SAMMS	22e. ADDRESS	

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 8-21-71	23c. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.	23d. LOCATION (City or Town) (County) (State): Baltimore Md.
24. FUNERAL DIRECTOR: B. Dabrowski ADDRESS: 2818 E. Baltimore St.	25a. REC'D BY REGISTRAR DATE: AUG 25 1971	25b. REGISTRAR'S SIGNATURE: Vernon R. Randall	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
45M - 1/69

16 11564

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

11566

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 3 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1/71 30M
(VR A15 (4))

1. DECEASED-NAME (Type or print)	First: Ethel	Middle: May	Last: Walsh
2a. DATE OF DEATH	Month: 8	Day: 9	Year: 71
2b. HOUR	1:50 P.M.		
3. SEX	female		
4. RACE	white		
5. DATE OF BIRTH	1-5-89		
6. AGE (In years last birthday)	82 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country)	Pennsylvania		
7b. CITIZEN OF WHAT COUNTRY?	USA		
8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	WIDOWED [X]		
9. COUNTY OF DEATH	Anne Arundel Md.		
10. CITY OR TOWN OF DEATH	Annapolis		
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Anne Arundel Gen. Hosp.		
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife		
12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.		
13b. COUNTY	Anne Arundel		
13c. CITY OR TOWN	Davidsonville		
13d. INSIDE CITY LIMITS?	YES [ ] NO [ ]		
13e. STREET AND NUMBER	Navillus Farm		
14. FATHER'S NAME	First: Denis	Middle:	Last: Sullivan
15. MOTHER'S MAIDEN NAME	First: Mary	Middle:	Last: Cheseldyne
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	no		
16b. SOCIAL SECURITY NO.	141-22-8966		
17. INFORMANT	daughter	Address	Mrs. William J. Friel 9000 Shad Lane Potomac, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): C.V.A with left hemiplegia

4360

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): atrial fibrillation & cardiac failure

DUE TO, OR AS A CONSEQUENCE OF (c): hypertensive arteriosclerotic artery disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS (If either, notify medical examiner) UNDERLYING CAUSE OF DEATH [ ] / DR CONTRIBUTING [ ]	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 7-27, 19 71, to 8-9-, 19 71, that (I) (~~we~~) last saw the deceased alive on 8-8 19 71, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	Emily H. Wilson	M.D. DEGREE	ATTENDING PHYS. [X]	MED. DIRECTOR [ ]	STAFF PHYS. [ ]
22c. DATE SIGNED	8-9-71				
22d. PHYSICIAN'S NAME (Type)	EMILY H. WILSON	22e. ADDRESS			

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	8-12-71	Mt. Olivet Cemetery	Washington	D.C.
24. FUNERAL DIRECTOR ADDRESS	Francis J. Collins 500 University Blvd., W. Silver Spring, Md.	25a. REC'D BY REGISTRAR DATE	AUG 16 1971	25b. REGISTRAR'S SIGNATURE Vernon R. Randall

2 1/2

11565

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11567

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

1. DECEASED-NAME (Type or print) First: Ruth	Middle: Elizabeth	Last: Ward	2a. DATE OF DEATH Month: 8 Day: 9 Year: 71	2b. HOUR: 6:20 M	
3. SEX: F.	4. RACE: W.	5. DATE OF BIRTH: March 27, 1913	6. AGE (In years last birthday): 58 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Pa.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: A.A.	Md.	
10. CITY OR TOWN OF DEATH: Severna Park	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): 111 Arundel Beach Rd.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: md	13b. COUNTY: A A	13c. CITY OR TOWN: Severna Park	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 111 Arundel Beach Rd	
14. FATHER'S NAME First: George	Middle	Last: Beers	15. MOTHER'S MAIDEN NAME First: Elizabeth	Middle	Last: Beers
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 150-09-3929	17. INFORMANT: John T. Ward	Address: 111 Arundel Beach Severna Park, Md		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF (b): A C V D
DUE TO, OR AS A CONSEQUENCE OF (c): General Hypertension
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4100

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / State

22a. **I certify** that (I) (this haspital) attended the deceased from 1956, 19___, to 1971, 19___, that (I) (we) last saw the deceased alive an 8-9-71 19___, and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave. (I) (we) ~~did~~ did not) view the body after death.

22b. SIGNATURE: Robert R. Holm DEGREE ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 8-9-71		
22d. PHYSICIAN'S NAME (Type): Robert R. Holm-	22e. ADDRESS: P.O. Box 73 Severna Park Md		
23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	23b. DATE: Aug. 12, 1971	23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem	23d. LOCATION (City or Town) (County) (State): Suitland Prince Georges Md.
24. FUNERAL DIRECTOR: Robert S. Barranco F.H.	ADDRESS: 12 Ritchie Hwy Severna Park, Md	25a. REC'D BY REGISTRAR DATE: AUG 13 1971	25b. REGISTRAR'S SIGNATURE: Vernon O. Randall

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11566 — 11568

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (w) 25m-1/70

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
MARY	KELLEY	WARE	8 15 71	4 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
FEMALE	WHITE	NOVEMBER 11, 1881	89 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
NEW JERSEY	UNITED STATES	WIDOWED [X]	ANNE ARUNDEL Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ANNAPOLIS	680 AMERICANA DR.	HOUSEWIFE	HOME

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
M.D.	A.A.	Annapolis	YES [X] NO [ ]	680 AMERICANA DR.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
JAMES	WALLACE	KELLEY	HANNAH	LAVINIA	FRENCH

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
NO	RRB #A-118896	HELEN WARE PENDLETON 680 AMERICANA DR. APT 57

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 YRS
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4123

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES / NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING / UNDERLYING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d. INJURY OCCURRED While at work / Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from 16 MAY, 19 71, to 15 AUG, 19 71, that (I) (we) last saw the deceased alive on 18 JULY 19 71, and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Edward S. Beck		[X]	[ ]	[ ]	8/15/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
EDWARD S. BECK	FRANKLIN ST. ANNAPOLIS MD

23a. BURIAL, CREMATION, MEMORIAL (Check)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
CREMATION	8-16-71	Ft. Lincoln Cem.	BLADENSBURG P.G. MD.

24. FUNERAL DIRECTOR	ADDRESS	25a. ACCEPTED BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John M. Taylor & Sons	Annapolis, Md.	AUG 17 1971	Vernon G. Randall

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11567 11569

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
GEORGE	D.	WATTS	08 13 71	8:05 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
MALE	WHITE	05 12 92	79 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
MARYLAND	U. S. A..	MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	ANNE ARUNDEL Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS/INDUSTRY
GLEN BURNIE	NORTH ARUNDEL HOSP..	RET'D Cab. finisher U.S.CIV.	SERV.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD..	A..A..	ODENTON	YES ☐ NO ☒	442 HARDING AVE.

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
GOERGE D. WATTS, SR.	ELIZABETH FRIEDHOFER

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
NO	///////////	216 05 1218-A	Mrs. Jessie W. Joyner (daughter)	Odenton, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ,, Cerebral Hemorrhage
4310
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) Hypertension
DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this hospital) attended the deceased from 8/13/ , 1971 , to 8/13/ , 1971 , that (I) (we) last saw the deceased alive on 8/13/ 19 71 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
S Lee MD	MD	☒	☐	☐	8/13/71

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Sacit Ekeu	529 Camp Meade Rd Linthicum, Md

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	AUG. 16/71	EPIPHANY EPISC. CH. CEM.	ODENTON, MARYLAND

24. FUNERAL DIRECTOR ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
SINGLETON FUNERAL HOME GLEN BURNIE, MARYLAND	AUG 17 1971	Vernon R. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AT5 (4)
25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11568

CERTIFICATE OF DEATH

11570

1. DECEASED-NAME (Type or print): First Ruth Middle Selma Last WILKIE
2a. DATE OF DEATH: Month Aug Day 26 Year 1971
2b. HOUR 4:45 P.M.
3. SEX: Female
4. RACE: Cauc.
5. DATE OF BIRTH: Oct. 14, 1895
6. AGE (In years last birthday) 75 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Annapolis
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress): Annapolis Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: —
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.
13b. COUNTY Anne Arundel
13c. CITY OR TOWN Annapolis
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER 523 Burnside St.
14. FATHER'S NAME: First THOMAS Middle BREWER Last
15. MOTHER'S MAIDEN NAME: First EMMA Middle Last TUERS
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown
16b. (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.
17. INFORMANT: HELEN WILKIE Address 11 PARR AVE BALTO MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic cardiovascular dis. — many years
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if ony, which gove rise to immediote couse (a), stoting the underlying couse lost. 4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Diabetes mellitus, Hypothyroidism

19a. DATE OF OPERATION —
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED —
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol exominer)
21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Yeor 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While ☐ ot work Not while ☐ ot work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this hospital) attended the deceased from 29 Oct, 1969, to 26 Aug, 1971, thot (I) (we) last saw the deceased alive on 20 July 1971, and that in (my) (our) apinion death occurred on the date ond hour and from the couses stated obave, (I) (we) (did) (did not) view the body ofter death.

22b. SIGNATURE Charles W. Kinzer DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED 26 Aug 1971
22d. PHYSICIAN'S NAME (Type) Charles W. Kinzer, M.D.
22e. ADDRESS 16 Murray Ave, Annapolis, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8/28/1971
23c. NAME OF CEMETERY OR CREMATORY CEDAR BLUFF CEM.
23d. LOCATION (City or Town) ANNAPOLIS (County) (State) A.A. MD

24. FUNERAL DIRECTOR John M. Taylor Sons
ADDRESS Annapolis MD.
25a. REC'D BY REGISTRAR DATE AUG 30 1971
25b. REGISTRAR'S SIGNATURE Vernon O. Randall

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitol or ottending physicion.
TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

11569

Information unknown FilmG441 10/18/71 kam

13109 133

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE OF DEATH KNOWN [XX] ESTIMATED [ ] Month	Day	Year	2b. HOUR
Charles		Williams	8	13	1971	6:15 a M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN.	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
male	Negro		60 YRS.					8	13	1971	6:15 a M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH
Unknown	Unknown	Unknown	Anne Arundel Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Glen Burnie	No. Arundel Hospital		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER
	Unknown			Unknown

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple injuries — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [XX] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	5:00 XX 8/13 19 71	Hit by car while walking down rte. 3

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State
	Highway	So. bound lane of Rt. 3- South of Rt. 178 Anne Arundel Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy [XX] Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [XX], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type) Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [XX]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED 8/13/71

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Cremation	9/21/71	Anatomy Bd. of Md	29 S. Greene St. Balto. Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
		SEP 22 1971	Vernon G. Randall

VR A15ME (5) 8M-1/70

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

11570

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Mary Ellen Middle Last Wilson
2a. DATE OF DEATH: Month 8 Day 28 Year 71
2b. TIME: 8-A.M.
3. SEX: Female
4. RACE: Col. American
5. DATE OF BIRTH: 7/31/1902
6. AGE (In years last birthday): 69 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Anne Arundel Md.
10. CITY OR TOWN OF DEATH: Crownsville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 521 Waterbury Rd.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: A. A.
13c. CITY OR TOWN: Crownsville
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: Rt. 21 Waterbury Rd.
14. FATHER'S NAME First James Middle N. Last Edwards
15. MOTHER'S MAIDEN NAME First Catherine Middle A. Last Harrison
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, No or unknown: No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 230-16-5175
17. INFORMANT: Richard Wilson Address: Crownsville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Cardiac Failure
DUE TO, OR AS A CONSEQUENCE OF (b): Arterio Vascular Renal Disease
DUE TO, OR AS A CONSEQUENCE OF (c): Obesity
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden 4 yrs
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Chronic Rheumatoid Arthritis.

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 6/10/, 19 67, to Aug 28, 19 71, that (I) (we) last saw the deceased alive on Aug 28 19 71, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
22b. SIGNATURE: Joseph Lipsky MD DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS ☐
22c. DATE SIGNED: 8/29/71
22d. PHYSICIAN'S NAME (Type): JOSEPH LIPSKEY MD
22e. ADDRESS: Odenton md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/1/71
23c. NAME OF CEMETERY OR CREMATORY: Macadoma
23d. LOCATION (City or Town) Odenton (County) A. A. (State) Md.
24. FUNERAL DIRECTOR: William Reese, II
ADDRESS: Anna, Md.
25a. RECD. BY REGISTRAR DATE: AUG 30 1971
25b. REGISTRAR'S SIGNATURE: Vernon G. Randall

VR A15 (4)
30M REV. 1/68